

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12250

Entity Name: WHISPER LAKES UNIT 7 HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**6925 LAKE ELLENOR DR.
SUITE 115
ORLANDO, FL 32809**Current Mailing Address:**6925 LAKE ELLENOR DR.
SUITE 115
ORLANDO, FL 32809 US**FEI Number:** 59-2810728**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SRK RESIDENTIAL COMMUNITIES, LLC
6925 LAKE ELLENOR DR.
SUITE 115
ORLANDO, FL 32809 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** STEPHEN R. KLOSTERMAN

03/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	ANDERSON, BOB
Address	6925 LAKE ELLENOR DR. SUITE 115
City-State-Zip:	ORLANDO FL 32809

Title	PRESIDENT
Name	HARRIS, KYLE
Address	6925 LAKE ELLENOR DR. SUITE 115
City-State-Zip:	ORLANDO FL 32809

Title	TREASURER, SECRETARY
Name	CARPENTER, DALE
Address	6925 LAKE ELLENOR DR. SUITE 115
City-State-Zip:	ORLANDO FL 32809

Title	MANAGER
Name	KLOSTERMAN, STEPHEN RICHARD
Address	6925 LAKE ELLENOR DR. SUITE 115
City-State-Zip:	ORLANDO FL 32809

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN R KLOSTERMAN

MANAGER

03/05/2021

Electronic Signature of Signing Officer/Director Detail

Date