

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 013 ****61.25

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05072008 Chg-NP CR2E037 (12/06)

DOCUMENT # 734850 1. Entity Name WHISPERING WATERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 308 INLET WAY APT. 1 PALM BEACH SHORES, FL 33404			Mailing Address 308 INLET WAY APT. 1 PALM BEACH SHORES, FL 33404		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0158814	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MATHEW, BOA 308 INLET WAY, APT. 4 PALM BEACH SHORES, FL 33404				7. Name and Address of New Registered Agent Name EDWIN Kelly Street Address (P.O. Box Number is Not Acceptable) 308 INLET WAY PALM BEACH SHORES City FL Zip Code 33404	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE EDWIN Kelly, Pres./D. <i>[Signature]</i> 5/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOA, MATHEW 308 INLET WAY PALM BEACH SHORES, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EDWIN Kelly 308 INLET WAY PALM BEACH SHORES, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KORTENHAUS, JOANNE 308 INLET WAY PALM BEACH SHORES, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D WALTER FLEMING 308 INLET WAY PALM BEACH SHORES, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, VALERIE A 308 INLET WAY APT #1 PALM BEACH SHORES, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JOANNE KORTENHAUS 308 INLET WAY PALM BEACH SHORES, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLEMING, SUZANNE 808 INLET WAY WEST PALM BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D VALERIE A. WARD 308 INLET WAY PALM BEACH SHORES, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin Kelly 308 INLET WAY PALM BEACH SHORES, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/10/08 <small>Date Daytime Phone #</small>		