

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734850

FILED
May 14, 2009
Secretary of State

Entity Name: WHISPERING WATERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

308 INLET WAY
APT. 1
PALM BEACH SHORES, FL 33404

New Principal Place of Business:

Current Mailing Address:

308 INLET WAY
APT. 1
PALM BEACH SHORES, FL 33404

New Mailing Address:

FEI Number: 65-0158814 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLY, EDWIN
308 INLET WAY
PALM BEACH SHORES, FL 33404 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY, EDWIN
Address: 308 INLET WAY
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: VD () Delete
Name: FLEMING, WALTER
Address: 308 INLET WAY
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: SD () Delete
Name: KORTENHAUS, JOANNE
Address: 308 INLET WAY
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: TD () Delete
Name: WARD, VALERIE A
Address: 808 INLET WAY
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: D () Delete
Name: KELLY, KEVIN
Address: 308 INLET WAY
City-St-Zip: PALM BEACH SHORES, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VALERIE WARD

TD

05/14/2009

Electronic Signature of Signing Officer or Director

Date