2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90017 019 ****61.25

DOCUMENT # 739701

1. Entity Name

WHISPER BAY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O C.W. CHARLIE VENABLE 2821 OAK RIDGE DRIVE GULF BREEZE FL 32563 US	C/O C.W. CHARLIE VENABLE 2821 OAK RIDGE DRIVE GULF BREEZE FL 32563 US
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

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2543597 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUHBUSCH, BLAINE 1506 WHISPER BAY BLVD GULF BREEZE FL 32563	Name: Charles W. Venable Street Address (P.O. Box Number is Not Acceptable): 2821 Oak Ridge Drive Gulf Breeze City: FL Zip Code: 32563

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 C.W. Venable 03/07/08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D President ☐ Delete	TITLE	Treasurer ☒ Change ☐ Addition
NAME	VENABLE, CHARLES	NAME	Dixon, Tina
STREET ADDRESS	2821 OAKRIDGE DR	STREET ADDRESS	1465 Whisper Bay Blvd.
CITY-ST-ZIP	GULF BREEZE FL 32563	CITY-ST-ZIP	Gulf Breeze, FL 32563
TITLE	T ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	RUHBUSCH, BLAINE	NAME	
STREET ADDRESS	2849 WHISPER BAY BLVD	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32563	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	KENDALL, ARNOLD	NAME	
STREET ADDRESS	2868 BAY MEADOW DR	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32563	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: C.W. Venable **03/07/08 (850)932-4788**