2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 749824

Entity Name: WHISPER WOOD TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5901 SUN BLVD
STE 200
ST PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD
STE 200
ST PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 59-2406997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KISER, LINDA E
5901 SUN BLVD., #200
ST PETERSBURG, FL 33715 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: TD ( ) Delete
Name: PALIO, DAVID
Address: 5855 16TH STREET SO., # 3
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: SD ( ) Delete
Name: SCHLEE, DOROTHY
Address: 1610 58TH AVE. S, #1
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: PD ( ) Delete
Name: MCCLUNEY, PATRICK
Address: 1645 58TH TERRACE S #7
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VPD ( ) Delete
Name: ROANE, PATRICIA
Address: 1645 58TH TERRACE SO., #6
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D ( ) Delete
Name: ADCOK, SUSAN
Address: 1605 58TH TERRACE S # 8
City-St-Zip: SAINT PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DREW, EDWARD
Address: 5855 16TH STREET SO., # 8
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D (X) Change ( ) Addition
Name: TANNIS, DOROTHY
Address: 1610 58TH AVE. S, #3
City-St-Zip: SAINT PETERSBURG, FL 33712

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

Title: D (X) Change ( ) Addition
Name: MCCLUNEY, PATRICK
Address: 1645 58TH TERRACE SO., #7
City-St-Zip: SAINT PETERSBURG, FL 33712

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: LINDA E KISER, LCAM MGR 04/27/2009

Electronic Signature of Signing Officer or Director — Date