

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90077 032 ****61.25

DOCUMENT # 756691

1. Entity Name

WHISPERWOOD I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

13446 HEALD LN APT 7
FT. MYERS FL 33908
US

Mailing Address

13446 HEALD LN APT 7
7B
FT. MYERS FL 33908
US



2. Principal Place of Business

13446 Heald Lane

3. Mailing Address

13446 Heald Lane

Suite, Apt. #, etc.

Apt. 7B

Suite, Apt. #, etc.

Apt 7B

City & State

Ft. Myers, Florida

City & State

Ft Myers, Florida

Zip

33908

Country

Lee

Zip

33908

Country

Lee

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2326809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JOSEPH E ESQ.
14241 METROPOLIS AVE
SUITE 100
FT MYERS FL 33912-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

As per note, the Board elected to hire no one - VB-2-8-06

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

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

TITLE PD ☐ Delete
NAME BOWEN, VEE
STREET ADDRESS 13446 HERALD LN. APT. 7B
CITY-ST-ZIP FT MYERS FL 33908

TITLE VPD ☐ Delete
NAME REINHARDT, JEFF
STREET ADDRESS 13446 HEALDLN. APT 10 B
CITY-ST-ZIP FORT MYERS FL 33908

TITLE S ☐ Delete
NAME JENSEN, KAREN
STREET ADDRESS 13446 HEALD LANE - APT. 4 B
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Kee Bowen, President*

2-8-06 239-466-1413

ATTACHMENT

60018143

756691

2-8-06

Dear Sir or Madam -

I have tried to call your office for four days. Each time I'm told to call back in twenty minutes - I know you're busy, but so am I.

My problem is that the Board of Whisperwood T. H. O. Assn. no longer employs an agent. Mr. Adams is no longer our agent, and I don't foresee our hiring anyone.

If I am to do something special about this, let me know. As of this time, I'm doing nothing except making a notation concerning our decision. Thank you -

Sincerely

Lee Lawen, Pres.
Whisperwood T. H. O. Assn.