

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L55087

FILED  
Jan 26, 2007  
Secretary of State

**Entity Name:** WHISPERWOOD MANUFACTURED HOME COMMUNITY, INC.

**Current Principal Place of Business:**

3070 WHISPER BLVD.  
DELAND, FL 32724 US

**New Principal Place of Business:**

**Current Mailing Address:**

111-A EXECUTIVE CIRCLE  
DAYTONA BEACH, FL 321145767 US

**New Mailing Address:**

**FEI Number:** 59-3002408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARSHALL BARKIN  
149-P S. RIDGEWOOD AVE., SUITE 710  
CONSOLIDATED CENTER  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

MARSHALL BARKIN  
149-P S. RIDGEWOOD AVE., SUITE 210  
CONSOLIDATED CENTER  
DAYTONA BEACH, FL 32114 US

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:

01/26/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ANTHONY S. LOMBARDO,  
Address: 111A EXECUTIVE CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V ( ) Delete  
Name: JACK ARRANTS,  
Address: 111A EXECUTIVE CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S ( ) Delete  
Name: KAREN REARDEN,  
Address: 111A EXECUTIVE CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete  
Name: ARRANTS, LILLIAN  
Address: 111A EXECUTIVE CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32114

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY S. LOMBARDO

P

01/26/2007

Electronic Signature of Signing Officer or Director

Date