

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002460

FILED
Mar 31, 2005
Secretary of State

Entity Name: WHISPERING CREEK SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 03-0487418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119 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: DP () Delete
Name: PHILLIPS, MIKE
Address: 2635 BRAVO CIRCLE
City-St-Zip: PORT ORANGE, FL 32124

Title: D () Delete
Name: COCHRANE, BRAD
Address: 2670 AVA CIRCLE
City-St-Zip: PORT ORANGE, FL 32124

Title: D () Delete
Name: SAWYER, TOM
Address: 2660 AVA CIRCLE
City-St-Zip: PORT ORANGE, FL 32124

Title: DVP () Delete
Name: FULBRIGHT, NEIL
Address: 2650 BRAVO CIRCLE
City-St-Zip: PORT ORANGE, FL 32124

Title: D () Delete
Name: BENNETT, SHERRIE
Address: 2050 COUNTRY FARMS RD
City-St-Zip: PORT ORANGE, FL 32124

Title: DST () Delete
Name: BLACK, JEAN
Address: 2050 COUNTRY FARMS RD.
City-St-Zip: PORT ORANGE, FL 32124

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
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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 Section 119.07(3)(i), 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: MIKE PHILLIPS

DP

03/31/2005

Electronic Signature of Signing Officer or Director

Date