2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N00000002460

Entity Name: WHISPERING CREEK SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1190 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
1190 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: STEVENS, PAUL
Address: 2655 BRAVO CIRCLE
City-St-Zip: PORT ORANGE, FL 32124

Title: DVP ( ) Delete
Name: BLACK, JEAN
Address: 2050 COUNTRY FARMS RD.
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: DT (X) Delete
Name: GROVE, BETH
Address: 2000 COUNTRY FARM RD
City-St-Zip: PORT ORANGE, FL 32124

Title: DS (X) Delete
Name: HALL, BETH
Address: 2000 COUNTRY FARMS RD.
City-St-Zip: PORT ORANGE, FL 32124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GROVE, BETH
Address: 2000 COUNTRY FARMS RD
City-St-Zip: PORT ORANGE, FL 32128

Title: DST (X) Change ( ) Addition
Name: BLACK, JEAN
Address: 2050 COUNTRY FARMS RD.
City-St-Zip: PORT ORANGE, FL 32128

Title: DVP (X) Change ( ) Addition
Name: GUADALUPE, KENNEDY
Address: 2675 AVA CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

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 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: BETH GROVE DP 04/02/2009

Electronic Signature of Signing Officer or Director — Date