

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

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # N00000002558</b>  |   |   |   |   |  |
| <b>1. Entity Name</b><br>WHISPERING WINGS HOMEOWNERS ASSOCIATION, INC.  |   |   |   |   |  |
| <b>Principal Place of Business</b><br>2120 WINGS WAY<br>CLEARWATER FL 33759   |   |   | <b>Mailing Address</b><br>2120 WINGS WAY<br>CLEARWATER FL 33759   |   |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   |   |  |
| Zip   | Country   | Zip   | Country   | <b>4. FEI Number</b> 59-3639332 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |   | 1st MOORE CR2E037 (10/05)   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>ZSCHAU, JULIUS J<br>2701 N ROCKY POINT DR, SUITE 930<br>TAMPA FL 33607  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| <b>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.</b> |   |   |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>  |   |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to</b><br><b>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PD</b><br>WING, LARRY B<br>2120 WINGS WAY<br>CLEARWATER FL 33759   |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 000000465247<br>03/22/06-80028-009 61.25  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VPO</b><br>CRARAVINO, ROB<br>2112 WINGS WAY<br>CLEARWATER FL 33759 |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>STD</b><br>MASSELLI, LISA<br>2137 WING WAY<br>CLEARWATER FL 33759  |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                       |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                       |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                                       |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |

**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:** Larry Wing - Pres *[Signature]* 3/16/06 787 787 00