2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N00000002558

Entity Name: WHISPERING WINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2120 WINGS WAY
CLEARWATER, FL 33759

New Principal Place of Business:

2137 WINGS WAY
CLEARWATER, FL 33759

Current Mailing Address:

2120 WINGS WAY
CLEARWATER, FL 33759

New Mailing Address:

2137 WINGS WAY
CLEARWATER, FL 33759

FEI Number: 59-3639332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WING, LARRY B
2120 WINGS WAY
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

MASSELLI, LISA C
2137 WINGS WAY
CLEARWATER, FL 33759 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: LISA C. MASSELLI 04/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WING, LARRY B
Address: 2120 WINGS WAY
City-St-Zip: CLEARWATER, FL 33759

Title: VPD ( ) Delete
Name: CIARAVINO, ROB
Address: 2112 WINGS WAY
City-St-Zip: CLEARWATER, FL 33759

Title: STD (X) Delete
Name: MASSELLI, LISA
Address: 2137 WINGS WAY
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CIARAVINO, ROBERT
Address: 2112 WINGS WAY
City-St-Zip: CLEARWATER, FL 33759

Title: STD (X) Change ( ) Addition
Name: MASSELLI, LISA C
Address: 2137 WINGS WAY
City-St-Zip: CLEARWATER, FL 33759

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: LISA C. MASSELLI STD 04/09/2009
Electronic Signature of Signing Officer or Director Date