2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003804

1. Entity Name
WHISPERING RIDGE RESIDENTS' ASSOCIATION, INC.



May 04, 2006 8:00 am Secretary of State 05-04-2006 90226 011 ****61.25

FILED

Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435-10TH STREET N #201 NAPLES, FL 34103		Mailing Address C/O INTEGRATEDPROPERTY MGMT 3435-10TH STREETN., 201 NAPLES, FL 34103			40084166				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		ď	4052006 C	hg-NP	CR2E037 (1	1/05)	
City & State		City & State		4	4. FEI Number Applied For 65-1153909 Not Applied For				
Zip	Country	Zip	Country	5.	Certificate of St	atus Desired		75 Add Require	
	6. Name and Address of Current F	Registered Agent		7.	Name and Add	Iress of New Re	gistered Ager	nt	
CHIELDS	CUDICTORUED		-Neme						
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET		Street Addres		ddress (P.O	s (P.O. Box Number is Not Acceptable)				
P.O. BOX 1507									· ·
FORT MY	ERS, FL 33902								
			City				FL	Zip Cod	е
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	r registered :	agent, or both, in	the State of Flor	ida. I am famil	iar with,	and accept
	tions of registered agent.		•						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signat	ture required whe	n reinstating)		DATE		······
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	FUI F I- 604 0F	9 Floation Comp	olan Einanoina			l 84-	ka ahaak na	vabla t	_
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co			.00 May Be ded to Fees		ike check pa da Departme		
10.		Trust Fund Co		∐ Ad		Flori	da Departme	nt of St	ate
10. TITLE	Due by May 1, 2006	Trust Fund Co	ntribution.	ADC DP	ded to Fees	Flori	da Departme	nt of St	ate
TITLE NAME	OFFICERS AND DIR PD BERMAN, BENNETT	Trust Fund Co	ntribution. 11. TITLE NAME	ADD DP Fowler	ded to Fees OTTIONS/CHANG , Ronald	Florion ES TO OFFICER	da Departme	nt of SI	ate
TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD BERMAN, BENNETT 10341 CREEKEDGE CT	Trust Fund Co	11. TIFLE NAME STREET ADDRESS	DP Fowler 23090	ded to Fees ITIONS/CHANG Ronald Whispering I	Florion ES TO OFFICER	da Departme IS AND DIREC	nt of SI	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND DIR PD BERMAN, BENNETT 10341 CREEKEDGE CT BONITA SPRINGS, FL 34135	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Fowler 23090	ded to Fees OTTIONS/CHANG , Ronald	Florion ES TO OFFICER	da Departme IS AND DIREC	rit of Si TORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006 OFFICERS AND DIR PD BERMAN, BENNETT 10341 CREEKEDGE CT BONITA SPRINGS, FL 34135 SD	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP Fowler 23090	ded to Fees ITIONS/CHANG Ronald Whispering I	Florion ES TO OFFICER	da Departme IS AND DIREC	nt of SI	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006 OFFICERS AND DIR PD BERMAN, BENNETT 10341 CREEKEDGE CT BONITA SPRINGS, FL 34135 SD PERSON, MILBUM	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP Fowler 23090	ded to Fees ITIONS/CHANG Ronald Whispering I	Florion ES TO OFFICER	da Departme IS AND DIREC	rit of Si TORS IN Change	10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND DIR PD BERMAN, BENNETT 10341 CREEKEDGE CT BONITA SPRINGS, FL 34135 SD PERSON, MILBUM 10381 CREEKEDGE COURT	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Fowler 23090	ded to Fees ITIONS/CHANG Ronald Whispering I	Florion ES TO OFFICER	da Departme	TORS IN Change Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006 OFFICERS AND DIR PD BERMAN, BENNETT 10341 CREEKEDGE CT BONITA SPRINGS, FL 34135 SD PERSON, MILBUM 10381 CREEKEDGE COURT BONITA SPRINGS, FL 34135 VD	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	DP Fowler 23090	ded to Fees ITIONS/CHANG Ronald Whispering I	Florion ES TO OFFICER	da Departme	TORS IN Change Change	Addition
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12. I hereby certify that the information supplied with this fifing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #