2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

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Entity Name: WHISPERING RIDGE RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

C/O BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-1153909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

RAUBOLT, ROBERT R
BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 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: ROBERT R RAUBOLT 03/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: MORIN, PETER
Address: 23000 WHISPERING RIDGE DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT ( ) Delete
Name: GUERRETTE, CHERYL
Address: 23200 WHISPERING RIDGE DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DP ( ) Delete
Name: FOWLER, RAYMOND
Address: 23090 WHISPERING RIDGE DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: MCCALL, ROBERT
Address: 10311 CREEKEDGE COURT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS ( ) Delete
Name: BATEMAN, PHILIP
Address: 23151 WHISPERING RIDGE DR
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: FOWLER, RONALD
Address: 23090 WHISPERING RIDGE DR
City-St-Zip: BONITA SPRINGS, FL 34135

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: RONALD FOWLER PD 03/21/2009
Electronic Signature of Signing Officer or Director Date