2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003804

FILED Apr 18, 2011 Secretary of State

Entity Name: WHISPERING RIDGE RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

RESORT MANAGEMENT 2685 HORSESHOE DRIVE S. #215 NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

RESORT MANAGEMENT 2685 HORSESHOE DRIVE S. #215 NAPLES, FL 34104

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOWLER, RONALD
23090 WHISPERING RIDGE CIRCLE
BONITA SPRINGS, FL 34135 US
HART, THOMAS P.A.
1625 HENDRY ST
FT MYERS, FL 33901 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: THOMAS HART 04/18/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP

Name: MORIN, PETER

Address: 23000 WHISPERING RIDGE DR City-St-Zip: BONITA SPRINGS, FL 34135

Title: T

Name: GUERRETTE, CHERYL
Address: 23200 WHISPERING RIDGE DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P

Name: FOWLER, RONALD

Address: 23090 WHISPERING RIDGE DR City-St-Zip: BONITA SPRINGS, FL 34135

Title: 9

Name: MCCALL, ROBERT
Address: 10311 CREEKEDGE COURT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D

Name: BATEMAN, PHILIP

Address: 23151 WHISPERING RIDGE DR City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: RON FOWLER P 04/18/2011