

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003804

FILED
Mar 13, 2012
Secretary of State

Entity Name: WHISPERING RIDGE RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

HART, THOMAS P.A.
1625 HENDRY ST
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

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

Title: D
Name: HUCK, TOM
Address: 4742 LAKESIDE BLVD
City-St-Zip: HALE, MI 48739

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: RONALD FOWLER

P

03/13/2012

Electronic Signature of Signing Officer or Director

Date