

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90036 011 ****61.25

DOCUMENT # N00000004160					
1. Entity Name WHISPERING KNOLL OWNERS ASSOCIATION, INC.					
Principal Place of Business 9110 NW HWY 225 A OCALA, FL 34482			Mailing Address 9110 NW HWY 225 A OCALA, FL 34482		
2. Principal Place of Business		3. Mailing Address Suite, Apt. #, etc. 6861 W Hwy 40			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6861 W Hwy 40			
City & State		City & State OCALA FL			
Zip		Country		Zip 34482 Country USA	
4. FEI Number 59-3729086 Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent THECHE, STEVEN C 9110 NW HWY 225 A OCALA, FL 34482					
7. Name and Address of New Registered Agent Name: JOYCE SKROB Street Address (P.O. Box Number is Not Acceptable): 6861 W Hwy 40 City: OCALA FL Zip Code: 34482					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>JOYCE SKROB</u> DATE: <u>1-16-06</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE: PD NAME: THECHE, STEVEN C STREET ADDRESS: 9110 NW HWY 225 A CITY-ST-ZIP: OCALA, FL 34482	<input type="checkbox"/> Delete				
TITLE: DS NAME: SKROB, YOYCE STREET ADDRESS: 6861 W HWY 40 #10 CITY-ST-ZIP: OCALA, FL 34482	<input type="checkbox"/> Delete				
TITLE: D NAME: TIECHE, JILL M STREET ADDRESS: 9110 NW HWY 225 A CITY-ST-ZIP: OCALA, FL 34482	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: JOYCE SKROB STREET ADDRESS: 6861 W HWY 40 CITY-ST-ZIP: OCALA FL 34482					
D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SHIRLEY ALLEN STREET ADDRESS: 6855 S.W. 70th AVE CITY-ST-ZIP: OCALA, FL 34476					
D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: ALLEN MUSIKANTOW STREET ADDRESS: 9110 N.W. HWY 225A CITY-ST-ZIP: OCALA, FL 34482					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing 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: <u>JOYCE SKROB</u> DATE: <u>1-16-06</u> DAYTIME PHONE: <u>352 861-0900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					