2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004160

FILED Jan 23, 2009 Secretary of State

Entity Name: WHISPERING KNOLL OWNERS ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 9110 NW HWY 225 A OCALA, FL 34482 **Current Mailing Address: New Mailing Address:** JOYCE SKROB 6861 W HWY 40 OCALA, FL 34482 FEI Number: 59-3729086 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: SKROB, JOYCE 6861 W HWY 40 OCALA, FL 34482 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS () Change () Addition () Delete SKROB, JOYCE Name: Name: Address: 6861 W HWY 40 Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: Title: () Delete Title: () Change () Addition ALLEN, SHIRLEY Name: Name: Address: 9134 NW HWY 225 A Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: Title: () Delete Title: () Change () Addition MUSIKANTOW, ALLEN Name: Name: 9110 NW HWY 225 A Address: Address: City-St-Zip: OCALA, FL 34482 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: JOYCE SKROB DS 01/23/2009