

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90033 042 ****61.25

DOCUMENT # N01000005746

1. Entity Name

WHISPER CREEK OF CLAY COUNTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

200 W. FORSYTH ST. STE. 1400
 JACKSONVILLE FL 32201

200 W. FORSYTH ST. STE. 1400
 JACKSONVILLE FL 32201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, FRANK E
200 WEST FORSYTH ST., STE. 1400
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **DANIELS, JOHN**
 STREET ADDRESS **10780 ALTA RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE Change Addition
 NAME **D. Sandra Spencer**
 STREET ADDRESS **4729 U.S. Highway 17, Suite 204**
 CITY-ST-ZIP **Orange Park FL 32003**

TITLE **D** Delete
 NAME **BENNETT, DIANE**
 STREET ADDRESS **10351 DEERWOOD CLUB RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WOOD, SUSAN**
 STREET ADDRESS **408 RIVER BIRCH LN.**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
 NAME
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Sandra Spencer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/18/02** Daytime Phone #: **904-264-6553**

CR2E037 (9/01)