

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2004
Secretary of State**

DOCUMENT# N01000005746

Entity Name: WHISPER CREEK OF CLAY COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4729 US HIGHWAY 17, SUITE 204
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

4729 US HIGHWAY 17, SUITE 204
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 03-0374990 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOOD, SUSAN D
4729 US HIGHWAY 17, SUITE 204
ORANGE PARK, FL 32003 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: P/D () Delete
Name: WOOD, SUSAN D PRES.
Address: 4729 US HIGHWAY 17, SUITE 204
City-St-Zip: ORANGE PARK, FL 32003

Title: S/D () Delete
Name: SPENCER, SANDRA S
Address: 4729 US HIGHWAY 17, SUITE 204
City-St-Zip: ORANGE PARK, FL 32003

Title: V/D () Delete
Name: WOOD, JAMES R V.P.
Address: 4729 US HIGHWAY 17, SUITE 204
City-St-Zip: ORANGE PARK, FL 32003

Title: T () Delete
Name: EDWARDS, JR., MABRY - C.F.O.
Address: 4729 US HIGHWAY 17, SUITE 204
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BY: MABRY EDWARDS, JR., CFO

T

01/06/2004

Electronic Signature of Signing Officer or Director

Date