2005 NOT-FOR-PROFIT CORPORATION

FILED May 11, 2005 8:00 am Secretary of State

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DOCUMENT # N0100005746 1. Entity Name WHISPER CREEK OF CLAY COUNTY HOMEOWNERS ASSOCIATION, INC.					05-11-20	05 90126 021 ****	·61.25
	e of Business HWAY 17, SUITE 204 K, FL 32003	Mailing Address 4729 US HIGHWAY 17, S ORANGE PARK, FL 3200				500516	22
	lace of Business AIA South	3. Mailing Address	South				
Suite, Apt.		Suite, Apt. #, etc.		0418200	5 Chg-NP	CR2E037 (10/03)	
City & State		St August	ine, F1	4. FEI Nu 03-0	nber 3 74990		Applied For Not Applicable
32 o	6. Name and Address of Current F	32080	Country US		ate of Status Desire	- Fee Hequi	
	C. Name and Address of Current P	registered Agent	Name -	7. Name	ING AGGRESS OF NO	w Registered Agent	
WOOD, SUSAN D 4729 US HIGHWAY 17, SUITE 204 ORANGE PARK, FL 32003			\sim	Name Management Service Street Address P.O. Box Number is Not Acceptable) System Alpha South			
			\$1 \$	Augus-	tine	FL Zip Co	de A C
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r registered agent, or	both, in the State of	f Florida. 1 am familiar with	n, and accept
SIGNATURE .	Cuntling H	K/1,5					
SIGNATURE .	Signature, proed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	ture required when reinstating		DATE	<u> </u>
	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 Ma	y Be	DATE Make check payable florida Department of	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 Ma	y Be es F	Make check payable lorida Department of	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	S5.00 Mi Added to Fi ADDITIONS/ PD McClure,	y Be changes to off Sef	Make check payable florida Department of CERS AND DIRECTORS Change	State N 10
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR P/D WOOD, SUSAN D PRES. 4729 US HIGHWAY 17, SUITE 20	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	S5.00 Mi Added to Fi ADDITIONS/ PD McClure,	y Be thes CHANGES TO OFF SEFF XS C TES- TO TES	Make check payable forida Department of ICERS AND DIRECTORS	State IN 10 Addition
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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 attackment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-525-9058 Daytime Phone #