


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-11-2005 90126 021 ****61.25

DOCUMENT # N01000005746

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



Principal Place of Business
 4729 US HIGHWAY 17, SUITE 204
 ORANGE PARK, FL 32003

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

50051622



2. Principal Place of Business
 5455 AIA South
 Suite, Apt. #, etc.

3. Mailing Address
 5455 AIA South
 Suite, Apt. #, etc.

04182005 Chg-NP CR2E037 (10/03)

City & State
 St. Augustine, FL

City & State
 St. Augustine, FL

Zip Country
 32080 US

Zip Country
 32080 US

4. FEI Number
 03-0374990

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WOOD, SUSAN D
 4729 US HIGHWAY 17, SUITE 204
 ORANGE PARK, FL 32003

7. Name and Address of New Registered Agent
 Name
 May Management Service
 Street Address (P.O. Box Number is Not Acceptable)
 5455 AIA South
 City
 St. Augustine FL Zip Code
 32080

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| TITLE | P/D | Delete |
|------------------------------|-------------------------------------|-------------------------------------|
| WOOD, SUSAN D PRES. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| SPENCER, SANDRA S | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| WOOD, JAMES R V.P. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| EDWARDS, JR., MABRY - C.F.O. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | Change | Addition |
|---|--------------------------|-------------------------------------|
| PD McClure, Jeff 1391 Hawks Crest Drive Middleburg, FL 32068 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VPD Clark, Joy 1406 Hawks Crest Drive Middleburg, FL 32068 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SD Rodriguez, Carolyn 1403 Feather Glen Lane Middleburg, FL 32068 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TD Sampson, LaDonna 3578 Harrier Court Middleburg, FL 32068 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Jeffrey McClure* Date: 5/3/05 Daytime Phone #: 904-525-9058