


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90175 037 ****61.25

DOCUMENT # N0100005746

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



Principal Place of Business
 5455 A1A S
 SAINT AUGUSTINE, FL 32080

Mailing Address
 5455 A1A S
 SAINT AUGUSTINE, FL 32080

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01242006 Chg-NP CR2E037 (11/05)

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
MAY MANAGEMENT SERVICE
 5455 A1A S
 SAINT AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P/D	<input checked="" type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLURE, JEFF			NAME	HUMPHREYS, TODD		
STREET ADDRESS	1391 HAWKSCREST DR			STREET ADDRESS	1391 HAWKS CREST DR		
CITY-ST-ZIP	MIDDLEBURG, FL 32068			CITY-ST-ZIP	MIDDLEBURG, FL 32068		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, JOY			NAME	CHOISNET, WILLIAM		
STREET ADDRESS	1406 HAWKSCREST DR			STREET ADDRESS	3628 WHISPER CREEK BLVD		
CITY-ST-ZIP	MIDDLEBURG, FL 32068			CITY-ST-ZIP	MIDDLEBURG, FL 32068		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, CAROLYN			NAME	SIBILLA, LINDA		
STREET ADDRESS	1403 HEATHER GLEN LANE			STREET ADDRESS	1304 HAWKS CREST DR.		
CITY-ST-ZIP	MIDDLEBURG, FL 32068			CITY-ST-ZIP	MIDDLEBURG, FL 32068		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMPSON, LA DONNA			NAME			
STREET ADDRESS	3578 HARRIER CT			STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG, FL 32068			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	CALHOUN, BRIAN		
STREET ADDRESS				STREET ADDRESS	3593 HARRIER CT		
CITY-ST-ZIP				CITY-ST-ZIP	MIDDLEBURG, FL 32068		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	BARREIRA, STEVE		
STREET ADDRESS				STREET ADDRESS	3531 SPINDLESTONE		
CITY-ST-ZIP				CITY-ST-ZIP	MIDDLEBURG, FL 32068		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Todd A. Humphreys **Todd A. Humphreys** Feb 8-06 **Feb 8-06** 904.298.3644 **904.298.3644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #