


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90018 047 ****61.25

DOCUMENT # N01000005746

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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

40032154



02052007 Chg-NP CR2E037 (12/06)

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

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Delete HUMPHREYS, TODD 1391 HAWKSCREST DR MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dennis, Christopher E. 3601 Meadowgreen Lane Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete CHOISNET, WILLIAM 3628 WHISPER CREEK BLVD MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barreira, Steven 3531 Spindleston Drive Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete SISILLA, LINDA 1304 HAWKS CREST DR MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ward, Gina 3600 Meadowgreen Lane Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete SAMPSON, LA DONNA 3578 HARRIER CT MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Calhoun, Brian 3593 Harrier Court Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CALHOUN, BRIAN 3593 HARRIER CT MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Humphreys, Todd 1391 Hawkscrest Drive Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARREIRA, STEVE 3531 SPRINDLESTONE MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Choisnet, William 3628 Whisper Creek Blvd. 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: Christopher E. Dennis, Christopher E. Dennis, 28 FEB 07, (904) 626-4636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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02052007 Chg-NP CR2E037 (12/06)

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHOISNET, WILLIAM <input type="checkbox"/> Delete 3628 WHISPER CREEK BLVD MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SISILLA, LINDA <input type="checkbox"/> Delete 1304 HAWKS CREST DR MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ATTACHMENT

40032154