2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

WHISPER CREEK OF CLAY COUNTY HOMEOWNERS ASSOCIATION, INC. 40032154 Principal Place of Business Mailing Address 5455 A1A S 5455 A1A S SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080 2. Principal Place of Business - No P.O. Box # 3. Mailing Address * Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-NP CR2E037 (12/06) 4. FEI Number : 03-0374990 City & State Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICÈ Street Address (P.O. Box Number is Not Acceptable) 5455 A1A S SAINT AUGUSTINE, FL 32080 City 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. SIGNATŪRE Signature, typed or printed name of registered agent and tide if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61:25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. P/D ____ TITLE ☐ Delete Change ☐ Addition TITLE HUMPHREYS, TODD NAME NAME Dennis, Christopher E. 1391 HAWKSCREST DR 3601 Mendowgreen Lone STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP Middleburg FL 32088 VD TITLE ☐ Delete TITLE Change Addition CHOISNET, WILLIAM Barreira, Steven 3531 Spindlestone Drive NAME NAME 3628 WHISPER CREEK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7P MIDDLEBURG, FL 32068 CITY-ST-7IP middleburg, FL 32068 Change TITLE M Delete TITLE ☐ Addition ward Gina 3600 Mendowgreen Lane SISILLA, LINDA NAME 1304 HAWKS CREST DR STREET ADDRESS STREET ADDRESS MIDDLEBURG, FL 32068 Middlehing, Fl 32068 CITY-ST-ZIP Delete TITLE TITLE Addition SAMPSON, LA DONNA Calhoun, Brian NAME NAME 3578 HARRIER CT STREET ADORESS STREET ADDRESS 3593 Harrier Court CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP Middleburg, FL 32068 ☐ Delete TITLE Change Addition TITLE Humphreys, Todo 1391 Howkscrest Drive CALHOUN, BRIAN NAME NAME 3593 HARRIER CT STREET ADDRESS STREET ADDRESS MIDDLEBURG, FL 32068 middle burg, FL 32068 CITY-ST-ZIP CITY-ST-7(P ☐ Delete TITLE ☐ Change ■ Addition Choisnet, william BARREIRA, STEVE NAME NAME STREET ADDRESS 3628 Whisper Creek Blud. STREET ADDRESS 3531 SPRINDLESTONE M: Jaleburg FC 32068 CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP

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: SIGNATURE SIGNATURE AND PAPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR DEED, Date Dayling Phone &

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5455 A1A S Saint Augus			ling Address			ATTA	CHME	NT	
	STINE, FL 32080		55 A1A S Int Augustine, Fl. :	32080		32	1576		
2. Principal Place of Business - No P.O. Box # 3. Suite. Apt. #, etc.			lailing Address		- HUC		1) T		
			Suite, Apt. #, etc.	02052007 Ch	02052007 Chg-NP CR2E037 (12/06)				
City & State			City & State		4. FEI Number : 03-0374990	Applied For Not Applicable			
Zip -	Country		Z íp	Country	5. Certificate of Sta	tus Desired			tional
	S. Name and Address	of Course Boolet			7 Name and Addu	and May Da		Required	
	6. Name and Addres	s of Current Registe	ered Agent	Name-	7. Name and Addr	- New Ke	gistered Agen		
MAY MAN. 5455 A1A	AGEMENT SERVIC S	E			ress (P.O. Box Number is N	ot Acceptable)			
	GUSTINE, FL 3208	0		~	1 1		 		
	-			City	4		FL ²	ip Code) ÷
	named entity submits this	s statement for the pu	rpose of changing its	registered office of re	gistered agent, or both, in t	he State of Flor	ida. I am famili	ar with,	and accept
SIGNATURE .	Signature, typed or printed name of	of registered agent and title if	applicable. (NOTE	Registered Agent signature n	equired when reinstating)		DATE		
	Filing Fee is \$61.2 Due by May 1, 200		9. Election Carr Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees		ke check pay la Departmer		
10.		ERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGE	S TO OFFICER			10
TITLE	P/D)	Delete	TITLE D	ermening Kelly		<i>1</i> 59	Change	Addition
STREET ADORESS CITY-ST-ZIP	1391 HAWKSCREST MIDDLEBURG, FL 3	PR		STREET ADDRESS:5 3	ermening, Kelly 1595 Whisper 118 Neburg, Fo	Creek RI 2 3206	10d , B	-	_m7
TITLE	VD		☐ Delete	TITLE				Change	Addition
NAME	CHOISNET, WILLIAM	И ,		NAME				-	
STREET ADORESS CITY-ST-ZIP	3628 WHISPER CRE MIDDLEBURG, FL 3			STREET ADDRESS CITY-ST-ZIP					
TITLE	SD	 .	☐ Delete	TITLE		<u></u>		Change	☐ Addition
name Street address	SISILLA, LINDA 1304 HAWKS CRES	T DR		NAME STREET ADDRESS					
CITY - ST - ZIP	MIDDLEBURG, FL 3			CITY-ST-ZIP					
TITLE	מד	-	☐ Delete	TITLE				Change	Addition
NAME	SAMPSON, LA DON	NA		NAME					
STREET ADDRESS CITY-ST-ZIP	3578 HARRIER CT MIDDLEBURG, FL 3	2068		STREET ADORESS CITY-ST-ZIP					
TITLE	D	 	☐ Delete	TITLE		 		Change	Addition
NAME	CALHOUN, BRIAN			NAME OTOGOT ADDOSTO					
STREET ADORESS City-St-Zep	3593 HARRIER CT MIDDLEBURG, FL 3	32068		STREET ADDRESS City-St-Zip					
TITLE	D		☐ Delete	TITLE				Change	Additio
NAME	BARREIRA, STEVE			NAME					
STREET ADORESS CITY-ST-ZIP	3531 SPRINDLESTO MIDDLEBURG, FL 3			STREET ADDRESS CITY-ST-ZIP					
indicated	on this report or supplem poration or the receiver o	nental report is true ar	nd accurate and that n to execute this report	ny signature shall have as required by Chapt	tained in Chapter 119, Flor e the same legal effect as it er 617, Florida Statutes; an	made under o	ath; that I am a	n officer	or director