

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005746

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

5455 A1A S
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

475 WEST TOWN PLACE
SUITE 112
ST. AUGUSTINE, FL 32092 US

Current Mailing Address:

5455 A1A S
SAINT AUGUSTINE, FL 32080

New Mailing Address:

5455 A1A S
SUITE 3
ST. AUGUSTINE, FL 32080 US

FEI Number: 03-0374990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICE
5455 A1A S
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A S
SUITE 3
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: ANNA MARKS

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DENNIS, CHRISTOPHER E
Address: 3601 MEADOWGREEN LANE
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD () Delete
Name: CALHOUN, BRIAN
Address: 3593 HARRIER COURT
City-St-Zip: MIDDLEBURG, FL 32068

Title: VPS () Delete
Name: CHOISNET, WILLIAM
Address: 3628 WHISPER CREEK BLVD.
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DENNIS, CHRISTOPHER E
Address: 5455 A1A S
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: T (X) Change () Addition
Name: CALHOUN, BRIAN
Address: 5455 A1A S
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: VP (X) Change () Addition
Name: CHOISNET, WILLIAM
Address: 5455 A1A S
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER DENNIS

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date