2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005746

FILED May 01, 2003 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4729 US HWY 17, SUITE 204 4729 US HIGHWAY 17, SUITE 204 ORANGE PARK, FL 32003 ORANGE PARK, FL 32003

Current Mailing Address: New Mailing Address:

4729 US HWY 17, SUITE 204 4729 US HIGHWAY 17, SUITE 204 ORANGE PARK, FL 32003 ORANGE PARK, FL 32003

FEI Number: 03-0374990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WOOD, SUSAN D WOOD, SUSAN D 4729 US HIGHWAY 17, SUITE 204 4729 US HWY 17, SUITE 204 ORANGE PARK, FL 32003 ORANGE PARK, FL 32003

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: 05/01/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete WOOD, SUSAN D WOOD, SUSAN D PRES. Name: Name:

429 US. 17, SUITE 204 Address: 4729 US HIGHWAY 17, SUITE 204 Address: City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32003

Title: STD () Delete Title: (X) Change () Addition SPENCER, SANDRA Name: SPENCER, SANDRA S Name:

Address: 4729 U.S. HIGHWAY 17 STE 204 Address: 4729 US HIGHWAY 17, SUITE 204 City-St-Zip: ORANGE PARKS, FL 32003 City-St-Zip: ORANGE PARK, FL 32003

Title: VD. () Delete Title: V/D (X) Change () Addition

WOOD, RICK WOOD, JAMES R V.P. Name: Name:

4729 U.S. HIGHWAY 17 STE 204 4729 US HIGHWAY 17, SUITE 204 Address: Address:

City-St-Zip: ORANGE PARKS, FL 32003 City-St-Zip: ORANGE PARK, FL 32003

Title: () Delete Title: () Change (X) Addition Name: Name: EDWARDS, JR., MABRY - C.F.O. 4729 US HIGHWAY 17, SUITE 204 Address: Address: City-St-Zip: City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN D. WOOD **PRES** 05/01/2003