

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000008068

1. Entity Name
WHISPER CREST OWNERS ASSOCIATON, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 18 PM 2:32

Principal Place of Business
5802 CHERRY RD.
OCALA, FL 34472

Mailing Address
5802 CHERRY RD.
OCALA, FL 34472

REINSTATEMENT 04-05



2. Principal Place of Business

2605 S. W. 33rd Street
Suite, Apt. #, etc.
Building #200

3. Mailing Address

2605 S. W. 33rd Street
Suite, Apt. #, etc.
Building #200

03102005 REIN-NP CR2E099 (6/04)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
51-0452511

Applied For
Not Applicable

Zip
34474

Country
USA

Zip
34474

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, SCOTT
5802 CHERRY RD.
OCALA, FL 34472

7. Name and Address of New Registered Agent

Name
Kirkpatrick, Ken
Street Address (P.O. Box Number is Not Acceptable)
2605 S.W. 33rd Street #200

City
Ocala FL Zip Code
34474

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

[Signature]

700049292987
03/28/05--01067--015 **297.50

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ARMSTRONG, SCOTT
5802 CHERRY RD.
OCALA, FL 34472 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
PETTY, TIM
5802 CHERRY RD.
OCALA, FL 34472 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARMSTRONG, F. CHRISTOPHER
5802 CHERRY RD.
OCALA, FL 34472 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Kirkpatrick, Ken
307 SE 21st Terr.
Ocala, FL 34471 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
Turner-Kelly, Marilyn
8280 SE 15th Ct.
Ocala, FL 34480 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
Stiverson, John S.
8225 SE 15th Ct.
Ocala, FL 34475 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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]

3/10/05 352/360 0881