

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90015 010 \*\*\*\*61.25

**DOCUMENT # N01000008068**

1. Entity Name  
**WHISPER CREST OWNERS ASSOCIATON, INC.**



Principal Place of Business  
**2605 S.W. 33RD STREET, BLDG #200  
OCALA, FL 34474**

Mailing Address  
**2605 S.W. 33RD STREET, BLDG #200  
OCALA, FL 34474**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**51-0452511**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKPATRICK, KEN  
2605 S.W. 33RD STREET, #200  
OCALA, FL 34474**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE PD ☐ Delete  
NAME KIRKPATRICK, KEN  
STREET ADDRESS 307 S.E. 21ST TERRACE  
CITY-ST-ZIP Ocala, FL 34471

TITLE SD ☒ Delete  
NAME TURNER-KELLY, MARILYN  
STREET ADDRESS 8280 S.E. 15TH COURT  
CITY-ST-ZIP Ocala, FL 34480

TITLE TD ☐ Delete  
NAME STIVERSON, JOHN S  
STREET ADDRESS 8225 S.E. 15TH COURT  
CITY-ST-ZIP Ocala, FL 34475

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8235 SE 15 Ct.  
CITY-ST-ZIP Ocala, FL 34480

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

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Ocala, FL 34480

TITLE VD ☐ Change ☒ Addition  
NAME Weichens, Christopher  
STREET ADDRESS 8064 SE 15th Ct.  
CITY-ST-ZIP Ocala, FL 34480

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Ken Kirkpatrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ken Kirkpatrick**

**2/4/08**

Date

**352/482-0777**

Daytime Phone