

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90043 038 \*\*\*\*61.25

<b>DOCUMENT # N01000008328</b>					
<b>1. Entity Name</b> WHIPPOORWILL HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4160 LAKEGLEN DR. MELBOURNE, FL 32934			<b>Mailing Address</b> 4160 LAKEGLEN DR. MELBOURNE, FL 32934		
<b>2. Principal Place of Business</b> 4075 LAKEGLEN DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4075 LAKEGLEN DRIVE Suite, Apt. #, etc.			
<b>City &amp; State</b> MELBOURNE, FL		<b>City &amp; State</b> MELBOURNE, FL		<b>4. FEI Number</b> 59-3628579	
<b>Zip</b> 32934-7719		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HEALY, PATRICK F 1800 W. HIBISCUS BLVD., SUITE 138 MELBOURNE, FL 32902-1870			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> LEE, ROBERT D. <b>STREET ADDRESS</b> 4160 LAKEGLEN DR. <b>CITY-ST-ZIP</b> MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> TOMPKINS, JILL <b>STREET ADDRESS</b> 4165 LAKEGLEN DRIVE <b>CITY-ST-ZIP</b> MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> HARRMAN, TERESA <b>STREET ADDRESS</b> 4100 LAKEGLEN DRIVE <b>CITY-ST-ZIP</b> MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> TOMPKINS, JILL <b>STREET ADDRESS</b> 4165 LAKEGLEN DRIVE <b>CITY-ST-ZIP</b> MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> SLONE, KASEY <b>STREET ADDRESS</b> 4130 LAKEGLEN DRIVE <b>CITY-ST-ZIP</b> MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> LOWE, JOHN <b>STREET ADDRESS</b> 4075 LAKEGLEN DRIVE <b>CITY-ST-ZIP</b> MELBOURNE, FL 32934-7719	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>John W Lowe</i> <b>JOHN W LOWE</b>			<b>2/13/2006</b> <b>321-757-5673</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		