


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008328</b> 1. Entity Name <b>WHIPPOORWILL HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4075 LAKEGLEN DRIVE MELBOURNE, FL 32934</b>	Mailing Address <b>4075 LAKEGLEN DRIVE MELBOURNE, FL 32934</b>
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01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3628579</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>HEALY, PATRICK F 1800 W. HIBISCUS BLVD., SUITE 138 MELBOURNE, FL 32902-1870</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000799405 01/30/08-80068-002 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMPKINS, JILL 4165 LAKEGLEN DRIVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMPKINS, JILL 4165 LAKEGLEN DRIVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOWE, JOHN 4075 LAKEGLEN DRIVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** *John W. Lowe* **JOHN W. LOWE** **1/23/2008** **321-757-5673**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #