

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008842

FILED
Apr 24, 2005
Secretary of State

Entity Name: WHISPERS AT CORDOVA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1014 WINDCHIME WAY
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

1014 WINDCHIME WAY
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 02-0544373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, DEE
1014 WINDCHIME WAY
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HELMICH, TERRY O
Address: 4347 GUSTY TERRACE
City-St-Zip: PENSACOLA, FL 32503

Title: DV () Delete
Name: BISSON, ROGER
Address: 1136 WINDCHIME WAY
City-St-Zip: PENSACOLA, FL 32503

Title: DT () Delete
Name: BRYANT, DEE
Address: 1014 WINDCHIME WAY
City-St-Zip: PENSACOLA, FL 32503

Title: DS () Delete
Name: BARBEE, ANNA
Address: 1085 WINDCHIME WAY
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: FRASHUER, HERBERT O
Address: 4323 CALM TERRACE
City-St-Zip: PENSACOLA, FL 32503

Title: D (X) Delete
Name: BURTON, CONNIE
Address: 1124 WINDCHIME WAY
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BISSON, ROGER
Address: 1136 WINDCHIME WAY
City-St-Zip: PENSACOLA, FL 32503

Title: DV (X) Change () Addition
Name: GRACE, DAN
Address: 1036 STORMY TERRACE
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: EVANS, CHERYL
Address: 4348 GUSTY TERRACE
City-St-Zip: PENSACOLA, FL 32503

Title: D (X) Change () Addition
Name: BURTON, CONNIE
Address: 1124 WINDCHIME WAY
City-St-Zip: PENSACOLA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEE BRYANT

DT

04/24/2005

Electronic Signature of Signing Officer or Director

Date