

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90154 026 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N01000008842</b><br>1. Entity Name<br>WHISPERS AT CORDOVA HOMEOWNERS ASSOCIATION, INC.   |   |  |  |   |  |
| Principal Place of Business<br>1024 WINDCHIME WAY<br>PENSACOLA, FL 32503   |   |  |  | Mailing Address<br>1024 WINDCHIME WAY<br>PENSACOLA, FL 32503  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br><br>Zip  |   | City & State<br><br>Zip  |  | 4. FEI Number<br>02-0544373   |  |
| Country  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br>ETHERIDGE, RAY O<br>3298 SUMMIT BLVD<br>SUITE 4<br>PENSACOLA, FL 32503  |   |  |  | 7. Name and Address of New Registered Agent<br>Name <u>RAY O. ETHERIDGE</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>908 GARDENGATE CIR.</u><br>City <u>PENSACOLA</u> FL Zip Code <u>32504</u> |  |
| 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.<br><br>SIGNATURE <u>[Signature]</u> DATE <u>4/14/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)</small>  |   |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>EVANS, FRED<br>1064 STORMY TERRACE<br>PENSACOLA, FL 32503   | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>DANIELS, SCOTT<br>1121 WINDCHIME WAY<br>PENSACOLA, FL 32503 | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>EVANS, CHERYL<br>4348 GUSTY TERRACE<br>PENSACOLA, FL 32503  | <input checked="" type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GRACE, DAN<br>1036 STORMY TERRACE<br>PENSACOLA, FL 32503     | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>VICKREY, DUKE<br>4326 CALM TERRACE<br>PENSACOLA, FL 32503    | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>GENE MARTIN<br>1024 WINDCHIME WAY<br>PENSACOLA, FL 32504   | <input type="checkbox"/> Delete  |  |   |  |
| 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>SIGNATURE:</b> <u>[Signature]</u> <u>Pres. WHOA</u> <u>4/14/08</u> <u>850 484-2611</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |   |  |