

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

DOCUMENT # N01000008842



1. Entity Name
WHISPERS AT CORDOVA HOMEOWNERS
ASSOCIATION, INC.

Principal Place of Business
1024 WINDCHIME WAY
PENSACOLA, FL 32503

Mailing Address
1024 WINDCHIME WAY
PENSACOLA, FL 32503

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ZIP

Zip

Country

04112008 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0544373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ETHERIDGE, RAY O
3298 SUMMIT BLVD
SUITE 4
PENSACOLA, FL 32503

Name *RAY O. ETHERIDGE*

Street Address (P.O. Box Number is Not Acceptable)

908 Gardengate Cir.

City *PENSACOLA*

FL Zip Code *32504*

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 restating)

DATE *4/14/08*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME EVANS, FRED
STREET ADDRESS 1064 STORMY TERRACE
CITY-ST-ZIP PENSACOLA, FL 32503

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE DT
NAME DANIELS, SCOTT
STREET ADDRESS 1121 WINDCHIME WAY
CITY-ST-ZIP PENSACOLA, FL 32503

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE DS
NAME EVANS, CHERYL
STREET ADDRESS 4348 GUSTY TERRACE
CITY-ST-ZIP PENSACOLA, FL 32503

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME GRACE, DAN
STREET ADDRESS 1036 STORMY TERRACE
CITY-ST-ZIP PENSACOLA, FL 32503

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME VICKREY, DUKE
STREET ADDRESS 4326 CALM TERRACE
CITY-ST-ZIP PENSACOLA, FL 32503

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Serett Womels Pres. WHOA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 850 484-2611
Date Daytime Phone #

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

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