

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003634

Entity Name: WHISPER COVE ASSOCIATION, INC.

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

P O BOX 1073
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P O BOX 1073
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 75-3110066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINCH, JOHN K
323 MAIN ST
SAFETY HARBOR, FL 34695

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: PT () Delete
Name: FERRIS, WILLIAM
Address: #2 OCTAVIA WAY
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VT () Delete
Name: FERRIS, CHRISTOPHER W
Address: 29708 69TH ST N
City-St-Zip: SAFETY HARBOR, FL 33763

Title: ST () Delete
Name: FERRIS, SANDRA L
Address: #2 OCTAVIA WAY
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: WILLIAM FERRIS

P

01/07/2004

Electronic Signature of Signing Officer or Director

Date