

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005428

FILED
Apr 30, 2008
Secretary of State

Entity Name: WHISPER RIDGE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408

New Principal Place of Business:

Current Mailing Address:

414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 320033408

New Mailing Address:

FEI Number: 52-2379357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOZAK, CAROL
817 S LONGNEEDLE DR
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

SMITH, SHIRLEY C
414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 32003 US

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: SHIRLEY C. SMITH

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: RACCIOPPI, FRANK PRES.
Address: 2509 N WATERLEAF DR
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: D/V () Delete
Name: CALVIN, JERRY V.P.
Address: 953 S FOREST CREEK DR
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: S/D () Delete
Name: BARRS, DEREK D SEC
Address: 2516 N WATERLEAF DR
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: T () Delete
Name: BOZAK, CAROL
Address: 817 S LONGNEEDLE DR
City-St-Zip: ST AUGUSTINE, FL 32092 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/S (X) Change () Addition
Name: CALVIN, JERRY S
Address: 953 S FOREST CREEK DR
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: D/T (X) Change () Addition
Name: POTTS, KEN T
Address: 260 WHISPER RIDGE DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: D (X) Change () Addition
Name: MAZZALLA, PHIL
Address: 2600 WATERLEAF BLVD.
City-St-Zip: ST AUGUSTINE, FL 32092 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRANK RACCIOPPI

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date