

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000836

FILED
Mar 13, 2006
Secretary of State

Entity Name: WHISPERS PRIVATE POINTE' HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2107 AIRPORT BOULEVARD
PENSACOLA, FL 32504

New Principal Place of Business:

P.O. BOX 30664
PENSACOLA, FL 32503

Current Mailing Address:

2107 AIRPORT BOULEVARD
PENSACOLA, FL 32504

New Mailing Address:

P.O. BOX 30664
PENSACOLA, FL 32503

FEI Number: 20-0738543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAARS CONNELL, JOHN
2107 AIRPORT BOULEVARD
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

MABIRE, MICHAEL E
205 E. INTENDENCIA ST.
PENSACOLA, FL 32502 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: MICHAEL MABIRE

03/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAARS CONNELL, JOHN
Address: 2107 AIRPORT BOULEVARD
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: BAEHR, CHRISTINE E
Address: 2107 AIRPORT BOULEVARD
City-St-Zip: PENSACOLA, FL 32504

Title: STD () Delete
Name: HALL, ANN
Address: 2107 AIRPORT BOULEVARD
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MABIRE, MICHAEL E
Address: P.O. BOX 30664
City-St-Zip: PENSACOLA, FL 32503

Title: VD (X) Change () Addition
Name: GREATHOUSE, TONIA
Address: P.O. BOX 30664
City-St-Zip: PENSACOLA, FL 32503

Title: STD (X) Change () Addition
Name: MILLIGAN, RENEE
Address: P.O. BOX 30664
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL E. MABIRE

PD

03/13/2006

Electronic Signature of Signing Officer or Director

Date