

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000836

FILED
Apr 10, 2008
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 30664
PENSACOLA, FL 32503

New Principal Place of Business:

1061 WINDCHIME WAY
PENSACOLA, FL 32503

Current Mailing Address:

P.O. BOX 30664
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-0738543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MABIRE, MICHAEL E PRES
1061 WINDCHIME WAY
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 E. MABIRE

04/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: STD () Delete
Name: TEAGUG, DAVID P
Address: 501 E. GREGORY STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MICHAEL E. MABIRE

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date