

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/1 **FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90120 035 \*\*\*\*61.25

<b>DOCUMENT # N03000002511</b>					
<b>1. Entity Name</b> WHISPERING CREEK HOMEOWNERS ASSOCIATION III, INC.					
<b>Principal Place of Business</b> 721 S. KIRKMAN RD. ORLANDO, FL 32811			<b>Mailing Address</b> 721 S. KIRKMAN RD. ORLANDO, FL 32811		
<b>2. Principal Place of Business</b> 2552 TOMOKA FARMS RD		<b>3. Mailing Address</b> c/o Linda M Watson CPA Suite, Apt. #, etc. P.O. Box 291190			
City & State DAYTONA BEACH, FL		City & State POET ORANGE, FL			
Zip 32128	Country USA	Zip 32129	Country USA	4. FEI Number APPLIED FOR 20-3307794	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> KLEINSCHMIDT, CHARLES 721 S. KIRKMAN RD. ORLANDO, FL 32811			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
<b>Filing Fee is \$81.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPHAM, DIANE 114 S PALEMTTO AVE DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KLEINSCHMIDT, CHARLES 2552 TOMOKA FARMS ROAD DAYTONA BEACH, FL 32124	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINSCHMIDT, ELIZABETH 2552 TOMOKA FARMS ROAD DAYTONA BEACH, FL 32124	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2552 TOMOKA FARMS RD DAYTONA BEACH, FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	721 S KIRKMAN RD. ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	721 S. KIRKMAN RD. ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	721 S. KIRKMAN RD. ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	721 S. KIRKMAN RD. ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	721 S. KIRKMAN RD. ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 either like empowered.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 7/7/05 (386) Daytime Phone: 767-8886					



ATTACHMENT

66025902

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 14, 2005

WHISPERING CREEK HOMEOWNERS ASSOCIATION III, INC.  
C/O LINDA M WATSON, CPA  
P.O. BOX 291190  
PORT ORANGE, FL 32129

Subject: ~~WHISPERING CREEK HOMEOWNERS ASSOCIATION III, INC.~~

Reference Number: N03000002511

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION