

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002513

FILED
Mar 22, 2007
Secretary of State

Entity Name: WHISPERING CREEK HOMEOWNERS ASSOCIATION II & III, INC.

Current Principal Place of Business:

2552 TOMOKA FARMS RD
DAYTONA, FL 32128 US

New Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

Current Mailing Address:

2552 TOMOKA FARMS RD
PORT ORANGE, FL 32128

New Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

FEI Number: 20-3307764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEINSCHMIDT, CHARLES H
721 S. KIRKMAN RD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

BARKIN, MICHELE J
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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: MICHELE J. BARKIN

03/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAPHAM, DIANE
Address: 2552 TOMOKA FARMS RD
City-St-Zip: DAYTONA BEACH, FL 32128

Title: VSTD () Delete
Name: KLEINSCHMIDT, CHARLES
Address: 721 S KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: DSTD () Delete
Name: KLEINSCHMIDT, ELIZABETH L
Address: 721 S KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

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 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: DIANE LAPHAM

PD

03/22/2007

Electronic Signature of Signing Officer or Director

Date