

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003875

FILED
Apr 25, 2008
Secretary of State

Entity Name: WHISPER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

811 EUCLID AVE., UNIT NO. 1
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O BLUE SKY MIAMI
1680 MICHIGAN AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

PO BOX 415342
MIAMI BEACH, FL 33141 US

FEI Number: 20-1174864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, MICHAEL
1930 TYLER ST
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

THE WALL MANAGEMENT CORP
1440 J F KENNEDY CAUSEWAY
429-C
NORTH BAY VILLAGE, FL 33141 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: ORLANDO DE LUIZ

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EXELBERT, BRIAN
Address: 811 EUCLID AVE., UNIT NO. 1
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: CUNNINGHAM, KEVIN
Address: 811 EUCLID AVE., UNIT NO. 7
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: DIMOLITSAS, SPIRO
Address: 811 EUCLID AVENUE # 14
City-St-Zip: MIAMI BEACH, FL 33139

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 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: ORLANDO DE LUIZ

RA

04/25/2008

Electronic Signature of Signing Officer or Director

Date