

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006298

FILED
Apr 26, 2006
Secretary of State

Entity Name: WHISPER GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 SR 200
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

P O BOX 1987
YULEE, FL 320411987

New Mailing Address:

FEI Number: 32-0109699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, TERRELL J
463499 SR 200
YULEE, FL 32097 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC
463499 SR 200
YULEE, FL 32097 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: TERRELL J POWELL

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CHAPPELL, KAREN T
Address: 11945 SAN JOSE BLVD BLDG 300
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD () Delete
Name: REYNOLDS, GLEN
Address: 2931 PLUMMER COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: CORDELL, SHELIA
Address: 2931 PLUMMER COVE RD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STYLES, HOMER D
Address: 9350 WHISPER GLEN DRIVE N
City-St-Zip: JACKSONVILLE, FL 32222

Title: VD (X) Change () Addition
Name: ANDERSON, CHERYL
Address: 9267 WHISPER GLEN DR
City-St-Zip: JACKSONVILLE, FL 32222

Title: STD (X) Change () Addition
Name: SIMPSON, ANDRIA
Address: 9342 WHISPER GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

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: HOMER DAVIS STYLES

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04/26/2006

Electronic Signature of Signing Officer or Director

Date