


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000006298 1. Entity Name WHISPER GLEN HOMEOWNERS ASSOCIATION, INC.						FILED 08 NOV 12 AM 8:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 463499 SR 200 YULEE, FL 32097				Mailing Address P O BOX 1987 YULEE, FL 32041-1987			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PROPERTY MANAGEMENT SYSTEMS INC 463499 SR 200 YULEE, FL 32097				7. Name and Address of New Registered Agent Name <u>Linda McWoods</u> Street Address (P.O. Box Number is Not Acceptable) <u>1008 Park Avenue</u> <u>Orange Park</u> City <u>Florida</u> FL Zip Code <u>32073</u>			
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 <u>Linda McWoods</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11-06-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				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							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, CHERYL <input type="checkbox"/> Delete 9267 WHISPER GLEN DRIVE JACKSONVILLE, FL 32222			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000137844340 11/12/08--01021--004 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEWIS, JEFFREY <input type="checkbox"/> Delete 9228 WHISPER GLEN DR JACKSONVILLE, FL 32222			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, LISA <input type="checkbox"/> Delete 9351 WHISPER GLEN DRIVE N JACKSONVILLE, FL 32222			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNEY, KATHRYN R <input type="checkbox"/> Delete 6632 LESLIE OAKS LANE JACKSONVILLE, FL 32222			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, JUMORA R <input type="checkbox"/> Delete 6650 LESLIE OAKS LANE JACKSONVILLE, FL 32222			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, BEATRICE H <input type="checkbox"/> Delete 9316 WHISPER GLEN DRIVE JACKSONVILLE, FL 32222			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.							
SIGNATURE: <u>Linda McWoods</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>11-06-08</u> Daytime Phone # <u>904-278-2338</u>			

11/13/08