2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N03000006298

Entity Name: WHISPER GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1008 PARK AVE.
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1008 PARK AVE.
ORANGE PARK, FL 32073

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:

WOODS, LINDA M
1008 PARK AVENUE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSON, CHERYL
Address: 9267 WHISPER GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

Title: VPD ( ) Delete
Name: LEWIS, JEFFREY
Address: 9228 WHISPER GLEN DR
City-St-Zip: JACKSONVILLE, FL 32222

Title: SD ( ) Delete
Name: ANDERSON, LISA
Address: 9351 WHISPER GLEN DRIVE N
City-St-Zip: JACKSONVILLE, FL 32222

Title: D (X) Delete
Name: BARNEY, KATHRYN R
Address: 6632 LESLIE OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: D ( ) Delete
Name: COOPER, JUMORA R
Address: 6650 LESLIE OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: D ( ) Delete
Name: CONNER, BEATRICE H
Address: 9316 WHISPER GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change ( ) Addition
Name: ANDERSON, LISA
Address: 9351 WHISPER GLEN DRIVE N
City-St-Zip: JACKSONVILLE, FL 32222

Title: D (X) Change ( ) Addition
Name: BUTLER, DARVIS
Address: 9310 WHISPER GLEN DR.
City-St-Zip: JACKSONVILLE, FL 32222

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: CHERYL ANDERSON PD 02/09/2009
Electronic Signature of Signing Officer or Director — Date