


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90035 010 \*\*\*\*61.25

<b>DOCUMENT # N03000007761</b> 1. Entity Name <b>WHISPERWOOD RESIDENTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3070 WHISPER BLVD. DELAND, FL 32701</b>			Mailing Address <b>PO BOX 172 DE LEON SPRINGS, FL 32130-0172</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>55-0850813</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLLING, LEE JAY 682 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASPER, LINDA <input type="checkbox"/> Delete 3133 BAY SPRINGS TRAIL DELAND, FL 32724			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAPARELLO, MIKE <input checked="" type="checkbox"/> Delete 3049 BAY SPRINGS TRAIL DELAND, FL 32724			TITLE VO NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVE KRAUMEIER 3052 BAY SPRINGS TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, ELLIOT <input type="checkbox"/> Delete 4109 HUCKLEBERRY LANE DELAND, FL 32724			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPKINS, HOWARD <input checked="" type="checkbox"/> Delete 4109 WINTERWOOD RUN DELAND, FL 32724			TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KEN GILL 3059 WHISPER BLVD DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEB-LOFFMAN, FRANCES <input checked="" type="checkbox"/> Delete 3138 DEER TRAIL DELAND, FL 32724			TITLE O NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CILE LACASSE 3001 BAY SPRINGS TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EINSELE, PHILIP <input type="checkbox"/> Delete 3124 BAY SPRINGS TRAIL DELAND, FL 32724			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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Linda A. Casper, President</i> <b>LINDA CASPER</b> <span style="float: right;">3/23/05 386-943-9244</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

40039391

**ADDITIONS TO DOCUMENT # N03000007761**  
**YEAR 2005**  
**WHISPERWOOD RESIDENTS ASSOCIATION, INC.**

D  
SALLY GALLANT  
3029 Bay Springs Trail  
DeLand, FL 32724

D  
CHARLES MARTIN  
3127 Bay Springs Trail  
DeLand, FL 32724

11. ADD/CHANGES TO OFFICERS AND DIRECTORS IN # 10

D                      X Delete  
JOHN MANLEY  
3135 Turtle Dove Trail  
DeLand, FL 32724

D                      X Addition  
HENRIETTA FRAZIER  
3123 Bay Springs Trail  
DeLand, FL 32724