

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90199 017 ****70.00

DOCUMENT # N03000007761					
1. Entity Name WHISPERWOOD RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 3070 WHISPER BLVD. DELAND, FL 32701			Mailing Address PO BOX 172 DE LEON SPRINGS, FL 32130-0172		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0850813	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE JAY-COLLING & ASSOC, P.A. 529 VERSAILLES DR, STE 103 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing <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 P NAME CASPER, LINDA STREET ADDRESS 3133 BAY SPRINGS TRAIL CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE P NAME Elliott Lee, Elliott STREET ADDRESS 4109 Huckleberry Lane CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME KAUMEIER, DAVE STREET ADDRESS 3052 BAYSPPRINGS RD CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE VP NAME Kaumeier, Dave STREET ADDRESS 3009 Bay Springs Trail CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LEE, ELLIOT STREET ADDRESS 4109 HUCKLEBERRY LANE CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE S NAME Casper, Linda STREET ADDRESS 3133 Bay Springs Trail CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME GILL, KEN STREET ADDRESS 3059 WHISPER BLVD CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE T NAME Small, Tom STREET ADDRESS 3126 Turtle Dove Trail CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LACASSEE, CILE STREET ADDRESS 3001 BAY SPRINGS TRAIL CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE D NAME Frazier, Henrietta STREET ADDRESS 3123 Bay Springs Trail CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME EINSELE, PHILIP STREET ADDRESS 3124 BAY SPRINGS TRAIL CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE D NAME Martin, Charlin STREET ADDRESS 3127 Bay Springs Trail CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Change <input checked="" 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>Elliott P. Lee</u> <u>Elliott C. Lee</u> <u>4/8/07</u> <u>386-943-8985</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					