2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007761

FILED Jan 29, 2009 Secretary of State

Entity Name: WHISPERWOOD RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3070 WHISPER BLVD. DELAND, FL 32701 **Current Mailing Address: New Mailing Address:** PO BOX 172 DE LEON SPRINGS, FL 321300172 FEI Number: 55-0850813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEE JAY COLLING & ASSOC, P.A. 529 VERSAILLES DR, STE 103 MAITLAND, FL 32751 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEE, ELLIOT Name: Name: 4109 HUCKLEBERRY LANE Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: () Delete Title: (X) Change () Addition KAUMEIER, DAVE Name: FRAZIER, HENRIETTA Name: Address: 3009 BAY SPRING TRAIL Address: 3123 BAY SPRINGS TRAIL City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724 Title: () Delete Title: (X) Change () Addition MARTIN, CHARLIE PANASITI, DOUGLAS Name: Name: 3127 BAY SPRINGS TRL Address: Address: 3051 TUCKAHOE LN City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724 Title: () Delete Title: () Change () Addition Name: CASPER, LINDA Name: Address: 3433 BAY SPRINGS TRL Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: () Delete Title: (X) Change () Addition FRAZIER, HENTIETTA KAUMEIER, DAVID Name: Name: 3123 BAY SPRING TRAIL 3009 BAY SPRINGS TRAIL Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724 Title: () Delete Title: () Change () Addition POYNTER, JACK Name: Name: Address: 3143 DEER TRL Address: DELAND, FL 32724 City-St-Zip: 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: DOUGLAS PANASITI S 01/29/2009