

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006301

FILED
Nov 30, 2006
Secretary of State

Entity Name: WHISPERING OAKS OF SEBRING PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1934 SENTINEL POINT ROAD
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

1934 SENTINEL POINT ROAD
SEBRING, FL 33872

New Mailing Address:

FEI Number: 20-2640130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHOADES, CLIFFORD R
227 NORTH RIDGEWOOD DRIVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

RHOADES, CLIFFORD R
2141 LAKEVIEW DRIVE
SEBRING, FL 33870 US

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: CLIFFORD R. RHOADES

11/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WENZEL, TERRY J
Address: 1934 SENTINEL POINT ROAD
City-St-Zip: SEBRING, FL 33872

Title: V () Delete
Name: RHOADES, CLIFFORD R
Address: 227 NORTH RIDGEWOOD DRIVE
City-St-Zip: SEBRING, FL 33870

Title: ST () Delete
Name: WENZEL, JUDY K
Address: 1934 SENTINEL POINT ROAD
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: RHOADES, CLIFFORD R
Address: 2141 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRY J. WENZEL

P

11/30/2006

Electronic Signature of Signing Officer or Director

Date