

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04832

FILED
May 01, 2005
Secretary of State

Entity Name: WHISPERING OAKS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O PHILIP QUINN
417 WHISPERING OAKS CT
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

PHILIP QUINN
417 WHISPERING OAKS CT
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-2438106 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

QUINN, PHILIP
417 WHISPERING OAKS CT
SARASOTA, FL 34232 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: GLUCK, MARLIES
Address: 332 WHISPERING OAKS CT.
City-St-Zip: SARASOTA, FL 34232

Title: DVP () Delete
Name: QUINN, FRANCESCA
Address: 417 WHISPERING OAKS CT
City-St-Zip: SARASOTA, FL 34232

Title: SD () Delete
Name: KENEIPP, RHONDA
Address: 333 WHISPERING OAKS CT.
City-St-Zip: SARASOTA, FL 34232

Title: TD () Delete
Name: QUINN, PHILIP
Address: 417 WHISPERING OAKS CT
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: PHILIP QUINN

MR.

05/01/2005

Electronic Signature of Signing Officer or Director

Date