

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005253

FILED
Apr 21, 2009
Secretary of State

Entity Name: WHISPERING WINDS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SCPM
645 CLASSIC CT., STE. 104
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 121553
W. MELBOURNE, FL 329121553

New Mailing Address:

FEI Number: 06-1691621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, EDWARD
3215 SOFT BREEZE CIRCLE
WEST MELBOURNE, FL 32904 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: D () Delete
Name: FURTON, RALPH
Address: 3665 SOFT BREEZE CIR
City-St-Zip: W. MELBOURNE, FL 32904

Title: PD () Delete
Name: SANDERS, EDWARD
Address: 3215 SOFT BREEZE CIR
City-St-Zip: W MELBOURNE, FL 32904

Title: TD () Delete
Name: DOTSON, HEIDI
Address: 485 HIKING TRAIL
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: ADKINS, BRADY
Address: 3564 SOFT BREEZE CIRCLE
City-St-Zip: W MELBOURNE, FL 32904

Title: D () Delete
Name: LATTIG, MICHELE
Address: 3225 SOFT BREEZE CIR
City-St-Zip: W MELBOURNE, FL 32904

Title: VPD () Delete
Name: HEIERMAN, TED
Address: 3584 SOFT BREEZE CIR
City-St-Zip: W MELBOURNE, FL 32904

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:

Title: SD (X) Change () Addition
Name: COURNOYER, CHERYL
Address: 3355 SOFT BREEZE CIR
City-St-Zip: W MELBOURNE, FL 32904

Title: () Change () Addition
Name:
Address:
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: EDWARD SANDERS

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date