2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2012
Secretary of State

DOCUMENT# N05000005253

Entity Name: WHISPERING WINDS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

645 CLASSIC CT
STE. 104
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

645 CLASSIC CT
STE. 104
MELBOURNE, FL 32940 US

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: SEC
Name: ZAMPAGLIONE, TERRY
Address: 3484 SOFT BREEZE CIR
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: PRES
Name: SANDERS, EDWARD
Address: 3215 SOFT BREEZE CIR
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: TREA
Name: DOTSON, HEIDI
Address: 485 HIKING TRAIL
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: VP
Name: YELVERTON, KEVIN
Address: 474 HIKING TRAIL
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: DAL
Name: HEIERMAN, TED
Address: 3584 SOFT BREEZE CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904 US

I hereby 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 all other like empowered.

SIGNATURE: ED SANDERS PRES 04/20/2012

Electronic Signature of Signing Officer or Director Date