2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N05000008517

Entity Name: WHISPERING OAKS OF TAMPA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST S 434,SUIT4E 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

Current Mailing Address:

2180 WEST S 434,SUIT4E 5000
LONGWOOD, FL 327795044

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

FEI Number: 20-4235105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 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: CAYON, MAURICIO
Address: 3822 W 12TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: VPD ( ) Delete
Name: MATHEWS, OWEN
Address: 3822 W 12TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: SD (X) Delete
Name: FUENTES, VICTOR I
Address: 3822 W 12TH AVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOLAND, MIKE
Address: 2565 CEDAR CYPRESS CT
City-St-Zip: TAMPA, FL 33618

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 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: MIKE BOLAND PD 04/13/2007
Electronic Signature of Signing Officer or Director — Date