## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008517

FILED Apr 20, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

13752 ORANGE SUNSET DRIVE TAMPA, FL 33618

**Current Mailing Address: New Mailing Address:** 

13752 ORANGE SUNSET DRIVE TAMPA, FL 33618

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRYBUS, RONALD H KASS SHULER ET AL 1505 N FLORIDA AVENUE TAMPA, FL 33602 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Delete Title: (X) Change ( ) Addition KREIDER, WILLIAM Name: GREEN, MELISSA Name:

Address: 13724 ORANGE SUNSET DR Address: 13735 JUNIPER BLOSSOM

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change ( ) Addition

RUSSELL, DAVE RUSSELL, DAVE Name: Name:

13744 ORANGE SUNSET DR 15425 LAKE MAGDALENE BLVD Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33613

Title: ( ) Delete Title: (X) Change ( ) Addition Name: GREEN, MELISA Name: WHITESIDE, LIZ

13735 JUNIPER BLOSSOM DR 13759 ORANGE SUNSET DR #101 Address: Address:

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change ( ) Addition

HATTAWAY, WADE CARTY, GLEN Name: Name:

13753 JUNIPER BLOSSOM DR 7414 NORTH MOBLEY ROAD Address: Address:

City-St-Zip: TAMPA, FL 33618 City-St-Zip: ODESSA, FL 33556

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: MIKE BOLAND D 04/20/2009