

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000008726

1. Entity Name

WHISPERING FARMS PROPERTY OWNERS ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:23

Principal Place of Business

3201 CARDINAL DRIVE
2ND FLOOR
VERO BEACH FL 32961-2062

Mailing Address

3201 CARDINAL DRIVE
2ND FLOOR
VERO BEACH FL 32961-2062



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASE, DAVID B
3201 CARDINAL DRIVE
2ND FLOOR
VERO BEACH FL 32961-2062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
CHASE, DAVID B
3201 CARDINAL DRIVE, 2ND FLOOR
VERO BEACH FL 32961-2062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
MARKLEY, JOHN
3201 CARDINAL DRIVE, 2ND FLOOR
VERO BEACH FL 32961-2062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ROBINSON, PETER
3201 CARDINAL DRIVE, 2ND FLOOR
VERO BEACH FL 32961-2062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
300080191243
09/26/06--01064--012 **50.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/06 914
232 1361