2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N05000011333

Entity Name: WHISPER CREEK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3745 N STATE ROAD 29 SW
LABELLE, FL 33935

New Principal Place of Business:

1887 NORTH STATE ROAD 29
LABELLE, FL 33935

Current Mailing Address:

3745 N STATE ROAD 29 SW
LABELLE, FL 33935

New Mailing Address:

1887 NORTH STATE ROAD 29
LABELLE, FL 33935

FEI Number: 26-1898726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHIRLEY, JUANITA M PRES
3745 N. STATE ROAD 29 SW
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

SHIRLEY, JUANITA M PRES
1887 NORTH STATE ROAD 29
LABELLE, FL 33935 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: JUANITA M. SHIRLEY 03/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHIRLEY, JUANITA M
Address: C/O 3745 N STATE ROAD 29 SW
City-St-Zip: LABELLE, FL 33935

Title: VPD ( ) Delete
Name: CAVIN, JANET
Address: C/O 3745 N STATE ROAD 29 SW
City-St-Zip: LABELLE, FL 33935 D

Title: STD ( ) Delete
Name: CHRISTENSON, CHERI
Address: C/O 3745 N STATE ROAD 29 SW
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHIRLEY, JUANITA M
Address: C/O 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935

Title: VPD (X) Change ( ) Addition
Name: CAVIN, JANET
Address: C/O 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935 D

Title: STD (X) Change ( ) Addition
Name: CHRISTENSON, CHERI
Address: C/O 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935

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: JUANITA M. SHIRLEY PRES 03/09/2009
Electronic Signature of Signing Officer or Director Date