# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2011**
**Secretary of State**

DOCUMENT# N05000011333

**Entity Name:** WHISPER CREEK HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1887 NORTH STATE ROAD 29
LABELLE, FL 33935

**New Principal Place of Business:**

1887 NORTH STATE ROAD 29
LABELLE, FL 33935 US

**Current Mailing Address:**

1887 NORTH STATE ROAD 29
LABELLE, FL 33935

**New Mailing Address:**

1887 NORTH STATE ROAD 29
LABELLE, FL 33935 US

**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
1887 NORTH STATE ROAD 29
LABELLE, FL 33935 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
Name: SHIRLEY, JUANITA M
Address: C/O 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935 US

Title: VPD
Name: CAVIN, JANET
Address: C/O 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935 US

Title: STD
Name: CHRISTENSON, CHERI
Address: C/O 1887 NORTH STATE ROAD 29
City-St-Zip: LABELLE, FL 33935 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: JUANITA M. SHIRLEY PRES 04/29/2011

Electronic Signature of Signing Officer or Director — Date