
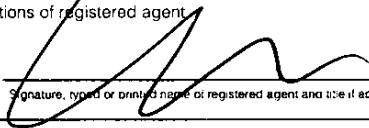
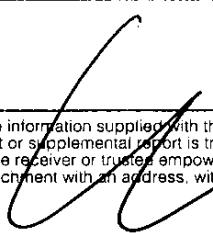


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90051 004 ****61.25

DOCUMENT # N06000004327			
1. Entity Name WHISPER OAKS VILLAS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 276 MORRIS ROAD DAYTONA BEACH, FL 32114		Mailing Address P.O. BOX #520085 LONGWOOD, FL 32752	
2. Principal Place of Business - No P.O. Box # 300 Forest Glen Blvd		3. Mailing Address 300 Forest Glen Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Bch FL		City & State Daytona Bch FL	
Zip 32114		Zip 32114	
Country USA		Country USA	
4. FEI Number 20-4158461		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALLE, MARIA F 3750 N.W. 87 AVE STE 100 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name William M. Richardson Street Address (P.O. Box Number is Not Applicable) 1200 19th St, 7D City Miami Beach FL Zip Code 33139	
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 		DATE 3/13/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, ALBERT 4937 S.W. 75TH AVE BLGD B#21 MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP, ST, D William M. Richardson, Jr. 8770 Sunset Drive NO 531 Miami, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOLARES, HUMBERTO 4937 S.W. 75TH AVE BLGD B#21 MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLANCO, MARLON 4937 S.W. 75TH AVE BLGD B#21 MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		Date 3/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	