



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90194 037 ****61.25

DOCUMENT # N06000004452					
1. Entity Name WHISPERING PALMS SECTION I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9148 BONITA BCH RD., SUITE 102 BONITA SPRINGS, FL 34135			Mailing Address 9148 BONITA BCH RD., SUITE 102 BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # c/o Pulte Home Corporation		3. Mailing Address c/o Pulte Home Corporation			
Suite, Apt. #, etc. 9240 Estero Park Commons Blvd.		Suite, Apt. #, etc. 9240 Estero Park Commons Blvd.			
City & State Estero, FL		City & State Estero, FL			
Zip 33928	Country	Zip 33928	Country	4. FEI Number 20-5411622	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACKHOUSE, EDWIN D 9148 BONITA BCH RD., SUITE 102 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9240 Estero Park Commons Blvd. City Estero, FL FL Zip Code 33928		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D STACKHOUSE, EDWIN D 9148 BONITA BCH RD., SUITE 102 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stackhouse, Edwin D % Pulte Home-9240 Estero Park Com. Blvd. Estero, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, RICHARD 9148 BONITA BCH RD., SUITE 102 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV McCormick, Richard % Pulte Home-9240 Estero Park Com. Blvd. Estero, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, LAURA 9148 BONITA BCH RD., SUITE 102 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Ray, Laura % Pulte Home-9240 Estero Park Com. Blvd. Estero, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			4.10.07 239.485.4829		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDWIN D. STACKHOUSE			Date Daytime Phone #		