

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90072 046 ****70.00

DOCUMENT # N06000008639					
1. Entity Name WHISPERING WOODS CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1150 E. HALLANDALE BEACH BLVD #B HALLANDALE BEACH, FL 33009			Mailing Address C/O PENNMANNER MGMT. CO. 7401 WILES RD, #228 CORAL SPRINGS, FL 33067		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1992420	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DORNBUSCH, HARRY 1150 E. HALLANDALE BEACH BLVD #B HALLANDALE BEACH, FL 33009			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 _____ (NOTE: Registered Agent signature required when reinstating.)					
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 PD	NAME DORNBUSCH, HARRY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1150 E. HALLANDALE BEACH BLVD #B	CITY-ST-ZIP HALLANDALE BEACH, FL 33009			STREET ADDRESS	CITY-ST-ZIP
TITLE VD	NAME DORNBUSCH, JAIME		<input type="checkbox"/> Delete	TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1150 E. HALLANDALE BEACH BLVD #B	CITY-ST-ZIP HALLANDALE BEACH, FL 33009			STREET ADDRESS 7551 Wiles Road, #203	CITY-ST-ZIP CORAL SPRINGS, FL 33067
TITLE ST	NAME BOULTON, FREDDY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1150 E. HALLANDALE BEACH BLVD #B	CITY-ST-ZIP HALLANDALE BEACH, FL 33009			STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			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: _____			HARRY DORNBUSCH		
Date			Daytime Phone #		