2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with albother like empowered

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N06000011625 07 MAY - 1 PH 12: 50 WHISPERING WOODS ESTATES ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6363 NW 6TH WAY SUITE 250 6363 NW 6TH WAY SUITE 250 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-889874 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OBERT SHELLS SIMON, ERIS A 6363 NW 6TH WAY SUITE 250 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE, FL 33309 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. OBERT SHERICEY *SIGNATURE Signature, type (NCTE_Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete Addition ROBERT SHELLEY #250 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP T LAMOERDACE) FL 33309 DIUP ☐ Change Addition ☐ Delete TITLE THE JACK SHORT NAME NAME 6363 NW 6THWAY #250 STREET ADDRESS STREET ADDRESS 33309 TLAUDERDAGE, FC CITY-ST-7IP CITY-ST-ZIP Addition D/UP15/+ Change TITLE Delete TITLE NAME NAME NW ETH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP 3,2309 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 700102238507 05/14/07--01010--007 **61 TITLE ☐ Delete TITLE ■ Addition NAME NAME **61.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 in the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation o

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