

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -1 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142007 Chg-NP CR2E037 (12/06) 07

DOCUMENT # N06000011625	
1. Entity Name WHISPERING WOODS ESTATES ASSOCIATION, INC.	



Principal Place of Business 6363 NW 6TH WAY SUITE 250 FT LAUDERDALE, FL 33309	Mailing Address 6363 NW 6TH WAY SUITE 250 FT LAUDERDALE, FL 33309
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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

6. Name and Address of Current Registered Agent SIMON, ERICA 6363 NW 6TH WAY SUITE 250 FT LAUDERDALE, FL 33309	
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7. Name and Address of New Registered Agent Name <u>ROBERT SHELLEY</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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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 ROBERT SHELLEY DATE 6/29/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 another like empowered.

SIGNATURE: ROBERT SHELLEY DATE 4/24/07 DAYTIME PHONE # 954-318-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR