2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008
Secretary of State

DOCUMENT# N06000011625

Entity Name: WHISPERING WOODS ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

6363 NW 6TH WAY SUITE 250
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6363 NW 6TH WAY SUITE 250
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-8898743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHELLEY, ROBERT
6363 NW 6TH WAY SUITE 250
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHELLEY, ROBERT
Address: 6363 NW 6TH WAY SUITE 250
City-St-Zip: FT LAUDERDALE, FL 33309

Title: DVP ( ) Delete
Name: SHORT, JACK
Address: 6363 NW 6TH WAY SUITE 250
City-St-Zip: FT LAUDERDALE, FL 33309

Title: DVST ( ) Delete
Name: SHELLEY, JASON
Address: 6363 NW 6TH WAY SUITE 250
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: SHORT, JACK
Address: 6363 NW 6TH WAY SUITE 250
City-St-Zip: FT LAUDERDALE, FL 33309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK E SHORT II DV 08/08/2008
Electronic Signature of Signing Officer or Director — Date