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Secretary of State
03-28-2006 90133 006 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/28/2

DOCUMENT # N06051

1. Entity Name
WHISPERING SEAS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8610 SURF DR. PANAMA CITY BEACH, FL 32408	8610 SURF DR. PANAMA CITY BEACH, FL 32408

66021848

03142006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2885680
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DERRICK
112 E 3RD COURT
PANAMA CITY, FL 32401

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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 _____ DATE
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D V. PRESIDENT
NAME	MCNEAR, DAVID
STREET ADDRESS	308 LEGRAND DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	PD PRESIDENT
NAME	BAILEY, WALTER
STREET ADDRESS	175 BRENNAN DRIVE
CITY-ST-ZIP	TYRONE, GA 30290
TITLE	SD
NAME	CANAR, GERALDINE
STREET ADDRESS	8610 SURF DRIVE #204
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	D SECRETARY
NAME	VIDONI, NORM
STREET ADDRESS	5 GINGERWOOD LANE
CITY-ST-ZIP	BETTENDORF, IA 52722
TITLE	Phala Enzor TREASURER
NAME	3331 Game Farm Rd
STREET ADDRESS	Panama City, FL 32405
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Please Sign & Return

SIGNATURE: Phala Canar 3/20/06 (850) 522-8455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #