

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000004784

1. Entity Name
**WHISPERING PALMS SECTION II CONDOMINIUM
ASSOCIATION, INC.**



FILED

07 JUN 18 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9148 BONITA BEACH ROAD, SUITE 102
BONITA SPRINGS, FL 34135**

Mailing Address
**9148 BONITA BEACH ROAD, SUITE 102
BONITA SPRINGS, FL 34135**

2. Principal Place of Business - No P.O. Box #
c/o Pulte Home Corporation

3. Mailing Address
c/o Pulte Home Corporation

Suite, Apt. #, etc.
9240 Estero Park Commons Blvd.

Suite, Apt. #, etc.
9240 Estero Park Commons Blvd.

City & State
Estero, FL

City & State
Estero, FL

Zip
33928

Country

Zip
33928

Country



04/25/07 90178 033861.25
05162007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5411632

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STACKHOUSE, EDWIN D
9148 BONITA BEACH ROAD, SUITE 102
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9240 Estero Park Commons Blvd.

City
Estero, FL

Zip Code
33928

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

Filing Fee is **\$61.25**
Due by **September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD STACKHOUSE, EDWIN D 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stackhouse, Edwin D. % Pulte Home-9240 Estero Park Com. Blvd. Estero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCORMICK, RICHARD 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV McCormick, Richard % Pulte Home-9240 Estero Park Estero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAY, LAURA 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OST Ray, Laura % Pulte Home-9240 Estero Park Com. Blvd. Estero, FL 33928 <input checked="" type="checkbox"/> Change <input 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 all other like empowered.

SIGNATURE: Edwin D. Stackhouse 5.15.07 239-495-4829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
EDWIN D STACKHOUSE

26/19