

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90031 026 \*\*\*\*61.25

<b>DOCUMENT # N07000004784</b>					
<b>1. Entity Name</b> WHISPERING PALMS SECTION II CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928 US			<b>Mailing Address</b> C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928 US		
<b>2. Principal Place of Business - No P.O. Box #</b> C/O Intergrated Property Mgmt.		<b>3. Mailing Address</b> C/O Intergrated Property Mgmt.			
Suite, Apt. #, etc. 3435 10th Street N. #201		Suite, Apt. #, etc. 3435 10th Street N. #201			
City & State Naples, FL		City & State Naples, FL			
Zip 34103	Country		Zip 34103	Country	
<b>6. Name and Address of Current Registered Agent</b> STACKHOUSE, EDWIN D 9250 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928			<b>7. Name and Address of New Registered Agent</b> Name: C/O Intergrated Property Mgmt. Street Address (P.O. Box Number is Not Acceptable): 3435 10th Street N. #201 City: Naples, FL 34103 FL Zip Code:		
<b>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.</b>					
SIGNATURE: <i>J Murphy</i> <i>murphy</i> <span style="float: right;">3/20/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKHOUSE, EDWIN D <input checked="" type="checkbox"/> Delete % PULTE HOME - 9240 ESTERO PARK COM. BLVD ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brooks, Scott % Pulte Home- 9240 Estero Park Com. Blvd. Estero, FL 33928	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete MCCORMICK, RICHARD % PULTE HOME - 9240 ESTERO PARK COM. BLVD ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> Delete RAY, LAURA % PULTE HOME - 9240 ESTERO PARK COM. BLVD ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Laura A. Ray</i> <span style="float: right;">3/22/08 239-495-4802</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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4. FEI Number 20-5411632 Applied For Not Applicable

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