

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004784

FILED
Feb 05, 2009
Secretary of State

Entity Name: WHISPERING PALMS SECTION II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTERGRATED PROPERTY MANAGEMETN
3435 10TH STREET N #201
NAPLES, FL 34103 US

New Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT, INC
3435 10TH STREET N # 201
NAPLES, FL 34103 US

Current Mailing Address:

C/O INTERGRATED PROPERTY MANAGEMETN
3435 10TH STREET N #201
NAPLES, FL 34103 US

New Mailing Address:

C/O INTEGRATED PROPERTY MGMT, INC
3435 10TH STREET N # 201
NAPLES, FL 34103 US

FEI Number: 20-5411632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STACKHOUSE, EDWIN D
C/O INTERGRATED PROPERTY MGMT
3435 10TH STREET N #201
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

STACKHOUSE, EDWIN D
C/O INTEGRATED PROPERTY MGMT, INC
3435 10TH STREET N # 201
NAPLES, FL 34103 US

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: VIKKI BLANK

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROOKS, SCOTT
Address: % PULTE HOME - 9240 ESTERO PARK COM. BLVD
City-St-Zip: ESTERO, FL 33928 US

Title: DV () Delete
Name: MCCORMICK, RICHARD
Address: % PULTE HOME - 9240 ESTERO PARK COM. BLVD
City-St-Zip: ESTERO, FL 33928 US

Title: DST () Delete
Name: RAY, LAURA
Address: % PULTE HOME - 9240 ESTERO PARK COM. BLVD
City-St-Zip: ESTERO, FL 33928 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SCOTT BROOKS

DP

02/05/2009

Electronic Signature of Signing Officer or Director

Date