


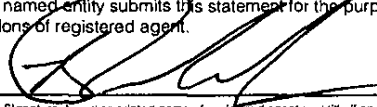
2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000005464	
1. Entity Name WHISPERING OAKS OF BRANDON HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 305 S MACDILL AVE TAMPA, FL 33609	Mailing Address 305 S MACDILL AVE TAMPA, FL 33609
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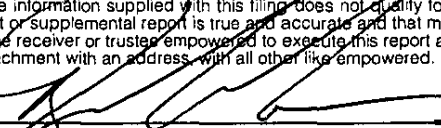
2. Principal Place of Business - No P.O. Box # 2002 N. Lois Ave	3. Mailing Address 2002 N. Lois Ave
Suite, Apt. #, etc. Suite 507	Suite, Apt. #, etc. Suite 507
City & State Tampa FL	City & State Tampa FL
Zip 33607	Country

6. Name and Address of Current Registered Agent BENNETT, PETER 305 S MACDILL AVE TAMPA, FL 33609	7. Name and Address of New Registered Agent Name Communit Association Management Svc Street Address (P.O. Box Number is Not Acceptable) 2002 N. Lois Avenue Suite 507 City Tampa FL Zip Code 33607
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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  Signature, typed or printed name of registered agent and title if applicable.	4/24/09 DATE
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FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, PETER 305 S MACDILL AVE TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bullock, William 150 2nd Ave N #670 St. Petersburg FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, RON 305 S MACDILL AVE TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harvey, Jim 150 2nd Ave N #670 St. Petersburg FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, JOHN 305 S MACDILL AVE TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Johnson Bill 150 2nd Ave N #670 St. Petersburg, FL 33701 <input type="checkbox"/> Change <input checked="" 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	400154478464 04/30/09--01022--021 <input checked="" 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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/24/09 Date	Daytime Phone #
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FILED

09 APR 30 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04242009 REIN-NP CR2E099 (1/07)

4. FEI Number
26-0768905

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

REINSTATEMENT
RH