## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### FILED Apr 24, 2007 8:00 am Secretary of State

| ·   |  |   |   |       |   |   | iry or S                          | iaic                          |
|---|--|---|---|-------|---|---|-----------------------------------|-------------------------------|
| DOCUMENT # N07299  1. Entity Name WHISPER LAKES MASTER COMMUNITY ASSOCIATION, INC.  |  |   |   |       |   | 04-24-2007  | 90010 046 ****                    |                               |
| Principal Place<br>225 S. WESTI<br>#3310<br>ALTAMONTE   |  | Mailing Address<br>PO BOX 162147<br>ALTAMONTE SPRINGS |   |       |   | )79029<br>  | III 8180 8180 8181 8181 8181 8181 | B104161 61 (101)              |
| 2. Principal P  | lace of Business - No P.O. Box #                                       | 3. Mailing Address                                    | 3. Mailing Address                                      |       |   |   |                                   |                               |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                   |   |       | 04102007  | Chg-NP  | CR2E037 (12/06                    | 5)                            |
| City & State  |  | City & State  |   |       | 4. FEI Number 59-25608                                      | 4. FEI Number 59-2560894  |                                   | Applied For<br>Not Applicable |
| Zip   | Country<br>#   | Zip   | Cou   | intry | 5. Certificate of   | Status Desired  | □ \$8.75 /<br>Fee Requ            | Additional<br>Ilred           |
|   | 6. Name and Address of Current   | Registered Agent                                      | <u> </u>  |       | 7. Name and Ad  | idress of New   | Registered Agent                  |                               |
| WOMACK, ELLEN R AGENT   |  |   |   |       | 7. Name and Address of New Registered Agent  Ne n R. Womack |   |                                   |                               |
| #3310   | STMONTE DR., STE.  |   | Street Address  |       | ess (P.O. Box Number i                                      | s Not Acceptab  | le)<br>                           |                               |
| ALTAMONTE SPRINGS, FL 32714   |  |   |   | l     |   |   |                                   |                               |
| :<br>   |  |   |   | City  |   |   | FL Zip C                          |                               |
| 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 accent the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |  |   |   |       |   |   |                                   | in, and accept                |
|   | Filing Fee is \$61.25<br>Due by May 1, 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 DI  | RECTORS   | 11.   |       | ADDITIONS/CHAN  | GES TO OFFIC  | ERS AND DIRECTORS                 | IN 10                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVP<br>GAWLIK, RON<br>11617 THURSTON WAY<br>ORLANDO, FL 32837          | ☐ Delete  |   |       |   |   | ☐ Chan                            | ge 🔲 Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>FRANKS, LINDA<br>2724 WHISPER LAKE CLUB CIF<br>ORLANDO, FL 32837 | ☐ Delete  |   |       |   |   | ☐ Chan                            | ge 🔲 Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>NEELD, CHRISTINE<br>2261 WATERLEAF STREET<br>ORLANDO, FL 32837   | ☐ Delete  |   | 1     | BEE AT.   | TACHEO  | ☐ Chan                            | ge 🔲 Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TD<br>RAMIREZ, VICTOR<br>11959 ATLIN DRIVE<br>ORLANDO, FL 32837        | )A) Delete  | •   |       |   |   | ☐ Chan                            | ge 🔲 Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>KOPISHKE, JOHN<br>11931 CASSIABARK COURT<br>ORLANDO, FL 32837     | ☐ Delete  | •   | i     |   |   | ☐ Chan                            | ge 🔲 Addition                 |
| TITLE NAME STREET ADDRESS CITY_ST_7IP   | D DUFFY, JANE 2219 PHONECIA COURT ORI ANDO FI 32837                    | ∑ Defete  |   | 1     |   |   | ☐ Chan                            | ge 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

4/15/07

407-850-0415

Daytime Phone #

# ATTACHMENT 40079029

#### 2007 NOT-FOR-PROFIT CORPORATION

#### ANNUAL REPORT

#### DOCUMENT # N07299

ENTITY NAME: WHISPER LAKES MASTER COMMUNITY ASSOCIATION

PD

VPD

TD JANE DUFFY 2219 PHONECIA COURT ORLANDO, FL

D EILEEN LYNCH 2718 NAKINA COURT ORLANDO, FL

D KEN PALM 2205 FAIRMONT CIRCLE ORLANDO, FL

32837

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