2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008
Secretary of State

DOCUMENT# N08376

Entity Name: WHISPERING LAKES SERVICE ASSOCIATION, INC.

Current Principal Place of Business:

2183 N. POWERLINER
STE 1
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2183 N. POWERLINER
STE 1
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-2441795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOZIN, BRADLEY S
2183 N.POWERLINE RD,
SUITE 2
POMPANO BCH., FL 33069 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOZIN, BRADLEY S
Address: 2183 N.POWERLINE RD #1
City-St-Zip: POMPANO BEACH, FL 33069

Title: VTD ( ) Delete
Name: MCKINNEY, JOHN T.,
Address: 1717 PENN AVENUE
City-St-Zip: PITTSBURGH, PA 15221

Title: SD ( ) Delete
Name: TURK, JEFF
Address: 2301 NW 33RD COURT, #115
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: REGA, ED
Address: 2280 NW 33RD COURT
City-St-Zip: POMPANO BEACH, FL 33069

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: BRADLEY S KOZIN PD 07/18/2008

Electronic Signature of Signing Officer or Director — Date