

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90094 026 ****61.25

DOCUMENT # N08595

1. Entity Name
**WHISPERING WOODS HOMEOWNER'S ASSOCIATION,
INC. OF PINELLAS COUNTY**



Principal Place of Business
**3060 ALTERNATE 19 NORTH
SUITE B-15
PALM HARBOR, FL 34683-1929 US**

Mailing Address
**3060 ALTERNATE 19 NORTH
SUITE B-15
PALM HARBOR, FL 34683-1929 US**

60037523



2. Principal Place of Business
2870 Scherer Dr N
Suite, Apt. #, etc.
100
City & State
St Petersburg FL
Zip
33716 Country
U.S.

3. Mailing Address
2870 Scherer Dr N
Suite, Apt. #, etc.
100
City & State
St Petersburg FL
Zip
33716 Country
U.S.

03142006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2879508 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WHETZEL, TERRI B
3060 ALTERNATE 19 NORTH
SUITE B-15
PALM HARBOR, FL 34683-1733**

7. Name and Address of New Registered Agent
Name
Joseph Ciandone
Street Address (P.O. Box Number is Not Acceptable)
1964 Bayshore Blvd.
City
Dunedin FL Zip Code
34698

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]* (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

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 DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KING, RAYMOND L 1980 WHISPERING WAY TARPON SPRINGS, FL 346895858	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWALJE, GERARD R 1992 WHISPERING WAY TARPON SPRINGS, FL 346895858	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARSON, M. REX 1884 WHISPERING WAY TARPON SPRINGS, FL 346895800	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNYDER, BARBARA T 1919 WHISPERING WAY TARPON SPRINGS, FL 346895856	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REVELL, ROXANNE 1866 WHISPERING WAY TARPON SPRINGS, FL 346895803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **M. REX PEARSON** 3-18-06 937-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #