2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
02-11-2008 90118 001 ****61.25
02-11-2008 90118 002 *****8.75

DOCUMENT # N08595

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

66003105

Principal Place of Business	Mailing Address
2870 S SCHERER DR STE 100 SAINT PETERSBURG, FL 33716 US	2870 S SCHERER DR STE 100 SAINT PETERSBURG, FL 33716 US

02042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
WHISPERING WOODS.	1986 WHISPERING WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. TARPON SPS.
City & State	City & State FL. 34689.
Zip / Country	Zip / Country 34689. / PINELLAS.

4. FEI Number 59-2879508 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIANFRONE, PA JOSEPH R 1964 BAYSHORE DR DUNEDIN, FL 34698	Name: ROBERT TANKEE. Street Address (P.O. Box Number is Not Acceptable): 1023 MAIN ST. SW-D 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: Robert Sherman. 2/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VICE PRESIDENT KING, RAYMOND L 1980 WHISPERING WAY TARPON SPRINGS, FL 346895858	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRESIDENT SHERMAN, ROBERT 1986 WHISPERING WAY TARPON SPRINGS, FL 34689	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HOVINAL, BETH 1998 WHISPERING WAY TARPON SPRINGS, FL 34689	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIKE CLARK 1994 WHISPRING WAY TARPON SPRINGS. FL. 34689	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RENEE KASARUS. 1882 WHISPERING WAY TARPON SPS. FL 34689	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] 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: Robert Sherman. 2/5/08. 727-942-4507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #