

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08595

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

1986 WHISPERING WAY
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

1986 WHISPERING WAY
STE 100
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-2879508 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TANKER, ROBERT
1022 MAIN ST SW-D
DUNEDIN, FL 34698 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: VP () Delete
Name: KING, RAYMOND L
Address: 1980 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 346895858 US

Title: P () Delete
Name: SHORMAN, ROBERT
Address: 1986 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: S () Delete
Name: CLARK, MIKE
Address: 1994 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T () Delete
Name: KASARVS, RENEE
Address: 1882 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT SHERMAN

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date