

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08595

FILED
Feb 07, 2012
Secretary of State

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

Current Principal Place of Business:

40347 US 19 NORTH
SUITE 201
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 695
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:

KARAGIANIS, IRENE
40347 US 19 NORTH
SUITE 201
TARPON SPRINGS, FL 34689 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: VPD
Name: HANLON, GEORGETTE
Address: 1921 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: PD
Name: KING, PATRICIA
Address: 1980 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: SD
Name: KEMP, MARY
Address: 1872 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: TD
Name: KATSARAS, RENEE
Address: 1881 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D
Name: LETEICQ, GARY
Address: 1917 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D
Name: MAHONEY, MICHAELA
Address: 1876 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA KING

PD

02/07/2012

Electronic Signature of Signing Officer or Director

Date