

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008505

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** WHISPER OAKS PROFESSIONAL CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1415 SW 17TH STREET  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1415 SW 17TH STREET  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ARMSTRONG, F CHRISTOPHER  
1415 SW 17TH STREET  
OCALA, FL 34471 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: D  
Name: ARMSTRONG, F CHRISTOPHER  
Address: 1415 SW 17TH STREET  
City-St-Zip: Ocala, FL 34471

Title: D  
Name: ARMSTRONG, WENDY  
Address: 1415 SW 17TH STREET  
City-St-Zip: Ocala, FL 34471

Title: D  
Name: ARMSTRONG, SCOTT  
Address: 1415 SW 17TH STREET  
City-St-Zip: Ocala, FL 34471

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: F CHRISTOPHER ARMSTRONG

D

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date