

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09097

FILED
Apr 06, 2009
Secretary of State

Entity Name: WHISPERING SANDS ASSOCIATION, INC.

Current Principal Place of Business:

6015 W COUNTY HWY 30A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

POB 1895
DESTIN, FL 32540

New Mailing Address:

PO BOX 5002
DESTIN, FL 32540

FEI Number: 59-2668718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEACOAST ASSOCIATION MGMT INC
C/O WALT LEIRER
12273 US HWY 98 SUITE 204A
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

TIME ASSOCIATION & PROPERTY MGMT INC
12889 EMERALD COAST PARKWAY
SUITE 110-A
DESTIN, FL 32550 US

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: TRACIE MARTIN

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BRENNAN, BILL
Address: POB 38567
City-St-Zip: GERMANTOWN, TN 38183

Title: S () Delete
Name: FRICK, DONALD
Address: 460 CLEAR CREEK TERR
City-St-Zip: ROSWELL, GA 30076

Title: P () Delete
Name: BENITCZ, M M
Address: 6103 MT VILLA COVE
City-St-Zip: AUSTIN, TX 78731

Title: T () Delete
Name: GROSS, WILFORD
Address: P O BOX 310
City-St-Zip: COLUMBUS, GA 31902

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: TRACIE MARTIN

CAM

04/06/2009

Electronic Signature of Signing Officer or Director

Date