N12178

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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NVISION OF CORPORATION OF NVISION OF CORPORATION

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EXAMIN

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Whisperwood High	Name of Corporation	minum Association, Inc.
DOCUMENT NUMBER: MIZIT8		
The enclosed Statement of Change of Regis	stered Office/Agent and	fee are submitted for filing.
Please return all correspondence concerning	g this matter to the follo	owing:
<u></u>	Name of Contact Person	
LI GHTHOUS	ise PROPERTY	<u>MANAGEME</u> NT
	Firm/Company	
16 CHURC	Address	
OSPREY FI	34 229 City/State and Zip Code	
E-mail address: (to be	used for future annu	al report notification)
For further information concerning this mat	ter, please call:	
Name of Contact Person	at (<u>9</u> L Area	1) 966-6844 Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	the Department of Sta	te.
Mailing Address: Amendment Secti Division of Corpo		treet Address: Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2009

LIGHTHOUSE PROPERTY MANAGEMENT 2ND TRY RICHARD MCLEAN 4442 WHISPERWOOD SARASOTA, FL 34235

SUBJECT: WHISPERWOOD/HIGHLANDS CONDOMINIUM ASSOCIATION,

INC.

Ref. Number: N12178

We have received your document for WHISPERWOOD/HIGHLANDS CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You will need to provide us with an address for the corporation in number 2 of the form and number 3 if the mailing address is different.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 409A00032028

PRESENTANY OF STATE O



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2009

LIGHTHOUSE PROPERTY MANAGEMENT 6 CHURCH ST ORLANDO, FL 34229

SUBJECT: WHISPERWOOD/HIGHLANDS CONDOMINIUM ASSOCIATION,

INC.

Ref. Number: N12178

We have received your document for WHISPERWOOD/HIGHLANDS CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 409A00032028

2009 OCT | 4 AM 8: 00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDIA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Whisperwood Highlands Condominium Association: 2. The principal office address: 16 Church STreet Inc. OSprey, FL 34229
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
PROGRESSIVE COMMUNITY MEMT. 1801 GLENGARY STREET, FL 1 3 55
5ARASOTA FL 34231-3637 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Part 34231-3637 Report 7
Richard McLean 4443 Whisperwood P.O. Box NOT acceptable Sarassta FL 34335
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. Signature Medicine and the signing on behalf of an entity:
G. SANFORD DEBECK ASSISTANT SECRETORY *** FILING FEE: \$35.00 ***