2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

DOCUMENT# N12250

Entity Name: WHISPER LAKES UNIT 7 HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

225 S WESTMONTE DR
STE #3310
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-2810728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PFAUSER, MARGO
225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT, IN
225 S WESTMONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R WOMACK 03/31/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: MATTILA, JUDI
Address: 11603 WATERLILY COURT
City-St-Zip: ORLANDO, FL 32837

Title: STD
Name: DAVIS, MICHELLE
Address: 11618 OTTAWA AVE.
City-St-Zip: ORLANDO, FL 32837

Title: PD
Name: FRANKS, LINDA
Address: 2724 WHISPER LAKES CLUB CIRCLE
City-St-Zip: ORLANDO, FL 32837

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: LINDA FRANKS PD 03/31/2010
Electronic Signature of Signing Officer or Director Date