

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N14430

FILED  
Nov 13, 2006  
Secretary of State

**Entity Name:** WHISPERING WINDS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1798 MISTY MORN PLACE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

1798 MISTY MORN PLACE  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-3077910      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KARASIEWICZ, W.R.  
1836 MISTY MORN PLACE  
LONGWOOD, FL 32779      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: W.R. KARASIEWICZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: KARASIEWICZ, W.R.  
Address: 1836 MISTY MORN PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: SD      ( ) Delete  
Name: PADILLA, NELSON  
Address: 1848 MISTY MORN PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: D      ( ) Delete  
Name: WHALEN, KEVIN  
Address: 1800 MISTY MORN PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: TD      ( ) Delete  
Name: DOWELL, MIKE  
Address: 1840 MISTY MORN PL  
City-St-Zip: LONGWOOD, FL 32779

Title: D      ( ) Delete  
Name: JOHNSON, MICHAEL  
Address: 2136 BLUE IRIS PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: D      ( ) Delete  
Name: GRUBL, GARY  
Address: 1841 BLUE IRIS PLACE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: PATRICK, RUSSELL  
Address: 1839 MISTY MORN PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: D      (X) Change ( ) Addition  
Name: SLOAN, DANIEL  
Address: 1800 MISTY MORN PLACE  
City-St-Zip: LONGWOOD, FL 32779

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 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: MICHAEL DOWELL

SD

11/13/2006

Electronic Signature of Signing Officer or Director

Date