

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14430

FILED
Feb 12, 2008
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 ()

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: _____

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: PATRICK, RUSSELL
Address: 1839 MISTY MORN PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: SLOAN, DANIEL
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 (X) 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: VD (X) Change () Addition
Name: PATRICK, RUSSELL
Address: 1839 MISTY MORN PLACE
City-St-Zip: LONGWOOD, FL 32779

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

Title: SD (X) Change () Addition
Name: DOWELL, MIKE
Address: 1840 MISTY MORN PL
City-St-Zip: LONGWOOD, FL 32779

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: MICHAEL S. DOWELL

SD

02/12/2008

Electronic Signature of Signing Officer or Director

Date