

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14430

FILED
Apr 26, 2010
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
Name: KARASIEWICZ, W.R.
Address: 1836 MISTY MORN PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: SD
Name: GRUBL, LESLIE
Address: 1841 MISTY MORN PLACE
City-St-Zip: LONGWOOD, FL 32779

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

Title: VD
Name: DOWELL, MIKE
Address: 1840 MISTY MORN PL
City-St-Zip: LONGWOOD, FL 32779

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

Title: T
Name: WHALEN, SUZANNE M
Address: 1800 MISTY MORN PLACE
City-St-Zip: LONGWOOD, FL 32779

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: SUZANNE M WHALEN

T

04/26/2010

Electronic Signature of Signing Officer or Director

Date