

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14430

FILED  
Apr 25, 2012  
Secretary of State

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

**Current Principal Place of Business:**

110 N. ORLANDO AVE. STE 6  
MAITLAND, FL 32751

**New Principal Place of Business:**

110 N. ORLANDO AVE. STE 14  
MAITLAND, FL 32751

**Current Mailing Address:**

110 N. ORLANDO AVE. STE 6  
MAITLAND, FL 32751

**New Mailing Address:**

110 N. ORLANDO AVE. STE 14  
MAITLAND, FL 32751

**FEI Number:** 59-3077910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VINCE, MARILYN  
110 N. ORLANDO AVE. STE 6  
MAITLAND, FL 32751 US

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

VINCE, MARILYN  
110 N. ORLANDO AVE. STE 14  
MAITLAND, FL 32751 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:

04/25/2012

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

Title: D  
Name: KELLER, MICHAEL  
Address: 2112 BLUE IRIS PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP  
Name: SMITH, CONNIE M  
Address: 2117 BLUE IRIS 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: MARILYN VINCE

CAM

04/25/2012

Electronic Signature of Signing Officer or Director

Date