


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90030 028 ****61.25

DOCUMENT # N18395							
1. Entity Name WHISPERING OAKS PROPERTY OWNERS' ASSOCIATION, INC.							
Principal Place of Business 8430 WHISPERING OAKS WAY WEST PALM BEACH, FL 33411 US			Mailing Address 8430 WHISPERING OAKS WAY WEST PALM BEACH, FL 33411 US				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LINN, STEVEN R 804 NORTH OLIVE AVENUE SECOND FLOOR WEST PALM BEACH, FL 33401			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RUSSO, PETER		NAME	RICHARD CHISHOLM			
STREET ADDRESS	8570 WHISPERING OAKS WAY		STREET ADDRESS	10 WHISPERING OAKS CIRCLE			
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP	WEST PALM BEACH, FL 33411			
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STERLING, THOMAS		NAME				
STREET ADDRESS	8471 WHISPERING OAKS WAY		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANREETH, ROBERT		NAME				
STREET ADDRESS	30 WHISPERING OAKS CIR		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINN, STEVEN		NAME				
STREET ADDRESS	8430 WHISPERING OAKS WAY		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSENTHAL, ANDREA		NAME				
STREET ADDRESS	8610 WHISPERING OAKS WAY		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOREJON, ALFREDO		NAME				
STREET ADDRESS	50 WHISPERING OAKS TRAIL		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Steven R. Linn</i>		STEVEN R. LINN		2/20/07 561-659-7009			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SECRETARY		Date Daytime Phone #			