2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18395

FILED Apr 18, 2008 Secretary of State

Entity Name: WHISPERING OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8430 WHISPERING OAKS WAY 8370 WHISPERING OAKS WAY WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 US US **Current Mailing Address: New Mailing Address:** 8370 WHISPERING OAKS WAY 8430 WHISPERING OAKS WAY WEST PALM BEACH, FL 33411 US WEST PALM BEACH, FL 33411 US FEI Number: 65-0106786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINN, STEVEN R RUSSO, PETER T 804 NORTH OLIVE AVENUE 2831-A EXCHANGE COURT SECOND FLOOR WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33401 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: PETER T. RUSSO 04/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RUSSO, PETER RUSSO, PETER T Name: Name: 8570 WHISPERING OAKS WAY Address: 8570 WHISPERING OAKS WAY Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33411 Title: () Delete Title: () Change () Addition STERLING, THOMAS Name: Name: Address: 8471 WHISPERING OAKS WAY Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition VANREETH, ROBERT Name: Name: 30 WHISPERING OAKS CIR Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: LINN, STEVEN Name: CASALENGO, DEBORAH 8430 WHISPERING OAKS WAY 8370 WHISPERING OAKS WAY Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33411 Title: () Delete Title: () Change () Addition ROSENTHAL, ANDREA Name: Name: 8610 WHISPERING OAKS WAY Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition MOREJON, ALFREDO Name: Name: Address: 50 WHISPERING OAKS TRAIL Address: WEST PALM BEACH, FL 33411 City-St-Zip: 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: PETER T RUSSO PD 04/18/2008