

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18395

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

8370 WHISPERING OAKS WAY
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

8370 WHISPERING OAKS WAY
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0106786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSO, PETER T
2831-A EXCHANGE COURT
WEST PALM BEACH, FL 33409 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: RUSSO, PETER T
Address: 8570 WHISPERING OAKS WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD () Delete
Name: STERLING, THOMAS
Address: 8471 WHISPERING OAKS WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD () Delete
Name: VANREETH, ROBERT
Address: 30 WHISPERING OAKS CIR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD () Delete
Name: CASALENGO, DEBORAH
Address: 8370 WHISPERING OAKS WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: ROSENTHAL, ANDREA
Address: 8610 WHISPERING OAKS WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Delete
Name: MOREJON, ALFREDO
Address: 50 WHISPERING OAKS TRAIL
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILITELLO, CHRIS
Address: 8310 WHISPERING OAKS WAY
City-St-Zip: WEST PALM BEACH, FL 33411

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: DEBORAH CASALENGO

SD

03/24/2009

Electronic Signature of Signing Officer or Director

Date