## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2004 8:00 am Secretary of State

DOCUMENT # N22734  1. Entity Name WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.						ary of \$1 90065 009 ****	
Principal Place of Business 3629 WHISPERWOOD CIR MELBOURNE, FL 32901 US	Mailing Address 3629 WHISPERW MELBOURNE, FL		;				51/10 St 10 St
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.		03182004	Chg-NP	CR2E037 (10/03)	
City & State	City & State	City & State		4. FEI Number 59-2997	602	J	pplied For
Zip Country	Country Zip C		ntry	<u> </u>	f Status Desired	\$8.75 Ad	
6. Name and Address of C	urrent Registered Agent			7. Name and A	Address of New R	· · · · · · · · · · · · · · · · · · ·	-
or reduce true reduced of			Name O		100001	1	
TIEDMAN, THOMAS - 973 WHISPEROAK DR. MELBOURNE, FL 32901				(P.O. Box Number	is Not Acceptable	* <del>**</del>	
			97	74 Wh.	SperPi	ne Dr.	
			City	Melh	04600	FL Zip Cox	*9n1
8. The above named entity submits this states the obligations of registered agent.  SIGNATURE	Robert Leg	9c++		9sure		orida. I am familiar with	and accept
Signature, typed or printed name of registered agent and title if applic Filling Fee Is \$61.25 Due by May 1, 2004		ion Campaign Fi Fund Contributi	inancing	\$5.00 May Be Added to Fees		lake check payable rida Department of S	
	IND DIRECTORS	11.		ADDITIONS/CHAP	NGES TO OFFICE	RS AND DIRECTORS I	V 10
TITLE S							
NAME CAMERUCI, MARC STREET ADDRESS 3664 WHISPERWOOD CII	☐ Delet	te Title Name : Stree	E Et address			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CAMERUCI, MARC 3664 WHISPERWOOD CII MELBOURNE, FL 32901 TITLE TD TIEDEMAN, THOMAS 973 WHISPER OAK DR.		RE TITLE NAME STREE CITY- RE TITLE NAME STREE	E Et address -st-zip	cc are lli	Frank rpine Dr		
NAME CAMERUCI, MARC STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 TITLE TD NAME TIEDEMAN, THOMAS	R. Ø Delet Ø Delet	TITLE NAME STREE CITY- IB TITLE NAME STREE CITY- IB TITLE NAME STREE STREE STREE	E ET ADDRESS -ST-ZIP E VQ ET ADDRESS 98 -ST-ZIP M	cc are lligged whisper clbourne lazzeo, 37 Whis lelbourne	Vince peroak 1	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIEDEMAN, THOMAS 973 WHISPER OAK DR. CITY-ST-ZIP MELBOURNE, FL 32901 TITLE D NAME FISHER, JOHN STREET ADDRESS 3652 WHISPERWOOD CII	R.	TITLE NAME STREE CITY- NAME STREE CITY- RE TITLE NAME STREE CITY- RE	E ET ADDRESS -ST-ZIP  E E YP E E YP E ST-ZIP  E P P P P P P P P P P P P P P P P P P	ነል ድድረወ.	Vince peroak 1	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 TITLE NAME STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 TITLE D NAME FISHER, JOHN STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 TITLE D NAME FISHER, JOHN STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901 TITLE P NAME RIFFEE, KAREN STREET ADDRESS 3641 WHISPERWOOD CITY STREET ADDRESS 3641 WHISPERWOOD CITY	R.	TITLE NAME STREE CITY- RE TITLE NAME STREE	E ET ADDRESS -ST-ZIP VQ ET ADDRESS G 8 -ST-ZIP M. E E ADDRESS G 8 -ST-ZIP M. E E ET ADDRESS G 9	1azzeo, 37 Whis Jelbourne	Vince peroak 1 2, Fl. 3	Change   C	☐ Addition  ☐ Addition  ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TIEDEMAN, THOMAS STREET ADDRESS CITY-ST-ZIP  TITLE D NAME TIEDEMAN, THOMAS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901  TITLE D NAME FISHER, JOHN STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901  TITLE P NAME STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901  TITLE VP NAME STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32901  TITLE VP NAME LEGGETT, ROBERT STREET ADDRESS 974 WHIPSERPINE DR.	R.    Main Deleter   Main Deleter   Deleter   R.	TITLE NAME STREE CITY- BE TITLE NAME STREE CITY- BE TITLE NAME STREE CITY- LE TITLE NAME STREE CITY- NAME STREE CITY- LE TITLE NAME STREE CITY- NAME STREE S	E ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP -ST-Z	1azzeo, 37 Whis 1elbourne	Vince Peroak 1 2, F1. 3: Robert Respire D e, F1.	Change   C	☐ Addition  ☐ Addition  ☐ Addition  ☐ Addition

indicated on this report or supplied with this minig does not quality for the exemption stated in occord 19.07(5)(f), Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

321-952-178;

Daytime Phone #

MacDonald, Liz 3679 Whisperwood Circle Melbourne, Fl. 32901 attachnent 44036192 # NO2734

D Kellner, Steve 901 Whisperoak Dr. Melbourne, F1. 32901