2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90048 015 ****61.25

DOCUMENT # N22734

1. Entity Name
WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3629 WHISPERWOOD CIR MELBOURNE, FL 32901 US	3629 WHISPERWOOD CIR MELBOURNE, FL 32901 US

02122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2997602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGGETT, ROBERT
974 WHISPER PINE DR.
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 NAME STREET ADDRESS CITY-ST-ZIP	S CAMERUCI, MARC 3664 WHISPERWOOD CIR. MELBOURNE, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMERUCI, MARC 3664 WHISPERWOOD CIR MELBOURNE, FL 32901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VACCARELLI, FRANK 986 WHISPER PINE DR. MELBOURNE, FL 32901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, MICHELLE 3675 WHISPERWOOD CIR MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZEO, VINCE 937 WHISPER OAK DR. MELBOURNE, FL 32901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Burch, Amy 3610 WHISPERWOOD CIR MELBOURNE, FL 32901	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIFFEE, KAREN 3641 WHISPERWOOD CIR. MELBOURNE, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIFFEE, KAREN 3641 WHISPERWOOD CIR MELBOURNE, FL 32901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEGGETT, ROBERT 974 WHIPSERPINE DR. MELBOURNE, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUFFLER, CINDY 3661 WHISPERWOOD CIRCLE MELBOURNE, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFFLER, CINDY 3661 Whisperwood Circle Melbourne, FL 32901	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 2/12/05 321-952-1787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

D

Ford, Maggie
902 WHISPERDINE Dr
Melbourne, Fl. 32901

H0017822
N22734

D

Cassidy, Sharon
3631 Whisperwood Circle
Melbourne, Fl. 32901

D McConnell, Brenda
3633 Whisperwood Circle
Melbourne, Fl. 32901