


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90063 011 ****61.25

DOCUMENT # N22734 1. Entity Name WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3629 WHISPERWOOD CIR MELBOURNE, FL 32901 US			Mailing Address 3629 WHISPERWOOD CIR MELBOURNE, FL 32901 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01242006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2997602				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 Michelle Turner Street Address (P.O. Box Number is Not Acceptable) 650 N. Apollo Blvd City Melbourne FL Zip Code 32935		
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 <u>Michelle C Turner</u> <u>Michelle Turner Treasurer</u> <u>1-27-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P CAMERUCI, MARC 3664 WHISPERWOOD CIR. MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, MICHELLE 3675 WHISPERWOOD CIR MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Turner, Michelle 650 N. Apollo Blvd. Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCH, AMY 3610 WHISPERWOOD CIR MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIFFEE, KAREN 3641 WHISPERWOOD CIR. MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Riffie, Karen 3641 Whisperwood Circle Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEGGETT, ROBERT 974 WHISPERPINE DR. MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robertson, David 974 Whisperpine Dr. Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFFLER, CINDY 3661 WHISPERWOOD CIRCLE MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tiedeman, Gena 973 Whisperoak Dr. Melbourne, FL 32901
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: <u>Michelle C Turner</u> <u>Michelle Turner</u> <u>1-27-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					