## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 8:00 am Secretary of State

MELBOURNE, FL 32901 US  329 MISPERMODO CR MELBOURNE, FL 32901 US  329 MISPERMODO CR MELBOURNE, FL 32901 US  320 MI	DOCUMENT # N22734  1. Entity Name WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.							<b>ary or</b> <sup>7</sup> 9009 <b>3</b> 046 *		
Suria, Apt. #, etc.    Suria, Apt. #, etc.   Suria, Apt. #, etc.   O1142007 Chg.NP CR2E037 (12/06)   City & State   City & State   City & State   A. Figi Number   A. Spiled For   Nat Applicable   Sec. 2997602   Nat Applicable   Nat Applicable   Sec. 2997602   Nat Applicable   Nat Applicable   Sec. 2997602   Nat Applicable   Nat Applicable   Nat App	3629 WHISPERWOOD CIR 3629 WHISPERWOOD CIR					1 ( <b>18</b> 16 <b>)</b> 1 <b>6</b> 11	I 11010 10481 70000 4177	1 <b>1617) 1618</b> )   1618)   1618)	1:CH CIEN E121	HIN OI HAN
City & State  Ci	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address						
September   Sept	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142007	Chg-NP	CR2E037	(12/06)	
8. Name and Address of Current Registered Agent  TURNER, MICHELE 974-WHISPER PINE-DR: 650 N. APOLLO BLVO MELBOURNE, FL. 32935  8. The above named critis submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE  FILING Fee Is \$61.25  Due by May 1, 2007  THE  NAME  CAMERUCI, MARC  STRET MORES  AS64 WHISPERWOOD CIR.  OTH ST-2P  MAE  TURNER, MICHELLE  Street Address (P.O. Box Number is Not Acceptable)  Steed Address (P.O. Box Number is Not Acceptable)  Fee Required  To Number is Not Acceptable)  Steed Address (P.O. Box Number is Not Acceptable)  Steed Address (P.O. Box Number is Not Acceptable)  Steed Address (P.O. Box Number is Not Acceptable)  Fee Required  Fee Required  To Number is Not Acceptable)  Steed Address (P.O. Box Number is Not Acceptable)  Fee Required  Fee Required  Fee Required  Fee Required  To Number is Not Acceptable)  Steed Address (P.O. Box Number is Not Acceptable)  Fee Required  Fee Req	City & State		City & State						}	<del></del>
TURNER, MICHELE 974 WHISPER PINE DR. 850 N. APOLLO BLVD MELBOURNE, FL 32935  8. The above named certify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILING Fee is \$61.25 Due by May 1, 2007  9. Election Campaign Financing Trust Fund Contribution.  THE NAME STREET ADDRESS  CITY. 51.2P  MELBOURNE, FL 32901  TITLE  DURCH, AMY BURCH,	Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desire			
TURNER MICHELE  974-WHISPERPER PINE DR. 650 N. APOLLO BLVD  MELBOURNE, FL 32935  B. 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  FL 32900  B. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida Data		6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registered Ag	ent	
8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Superure, horse or princip name of registered agent and the if appearable.   (NOTE Registered Agent Agent separate required when reinstating)   DATE	TURNER, MICHELE  974 WHISPER PINE DR. 650 N. APOLLO BLVD					Michel s (P.O. Box Number		·		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Company   C	MELBOURNE, FL 32935			ŀ	City CO				e	
SIGNATURE    Septender () product or printed range of registerinal applicable.   (NOTE Registerior Apont signature) required whom recitation()   DATE    Filling Fee is \$61.25			or the purpose of changing its re	egistere	ed office or regis	tered agent, or bo	th, in the State o	f Florida. I am far		
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12. I hereby certify that the information supplied with this filling 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.

MANURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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