

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-29-2007 90093 046 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142007 Chg-NP CR2E037 (12/06)

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

**TURNER, MICHELE
974 WHISPER PINE DR.
650 N. APOLLO BLVD
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name **Michele Turner**

Street Address (P.O. Box Number is Not Acceptable)

650 N. Apollo Blvd

City **Melbourne** FL Zip Code **32901**

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 **Michele C Turner Treasurer**

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, 2007**

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

TITLE **P** ☐ Delete
NAME **CAMERUCI, MARC**
STREET ADDRESS **3664 WHISPERWOOD CIR.**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **T** ☐ Delete
NAME **TURNER, MICHELLE**
STREET ADDRESS **650 N APOLLO BLVD**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **D** ☒ Delete
NAME **BURCH, AMY**
STREET ADDRESS **3610 WHISPERWOOD CIR**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **S** ☒ Delete
NAME **RIFFEE, KAREN**
STREET ADDRESS **3641 WHISPERWOOD CIR.**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☒ Delete
NAME **ROBERTOON, DAVID**
STREET ADDRESS **914 WHISPERPINE DR**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☐ Delete
NAME **TIEDEMAN, DAVID Gena**
STREET ADDRESS **973 WHISPEROAK DR**
CITY-ST-ZIP **MELBOURNE, FL 32901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Marc Cameruci**
STREET ADDRESS **3664 Whisperwood Circle**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Paula Schroeder**
STREET ADDRESS **3679 Whisperwood Circle**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☐ Change ☒ Addition
NAME **William Morse**
STREET ADDRESS **3635 Whisperwood Circle**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **VP** ☐ Change ☒ Addition
NAME **Jagade Wadsworth**
STREET ADDRESS **963 Whisperpine Dr.**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **President** ☒ Change ☐ Addition
NAME **Gena Tiedeman**
STREET ADDRESS **973 Whisperoak Dr.**
CITY-ST-ZIP **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: **Michele C Turner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321 243-9639