2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State
04-23-2008 90031 041 ****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

02122008 Chg-NP CR2E037 (12/06)

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

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	7. Name and Address of New Registered Agent
TURNER, MICHELE 650 N. APOLLO BLVD MELBOURNE, FL 32901	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 Michele Turner 4.20.8
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, 2008

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	D CAMERUCI, MARC 3664 WHISPERWOOD CIR. MELBOURNE, FL 32901	☐ Delete	S Helen Corlette 3613 Whisperwood Circle Melbourne, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TURNER, MICHELLE 650 N APOLLO BLVD MELBOURNE, FL 32935	☐ Delete	V Penny Earls 3671 Whisperwood Circle Melbourne, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D SCHROEDER, PAULA 3679 WHISPERWOOD CIR MELBOURNE, FL 32901	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORSE, WILLIAM 3635 WHISPERWOOD CIRCLE MELBOURNE, FL 32901	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D WADSWORTH, JAGADE 963 WHISPERPINE DR MELBOURNE, FL 32901	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TIEDMAN, GENA 973 WHISPEROAK DR MELBOURNE, FL 32901	☐ Delete		☐ Change ☐ Addition

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 5.19.8 (321)243-9639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #