

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22734

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3629 WHISPERWOOD CIR  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

3629 WHISPERWOOD CIR  
MELBOURNE, FL 32901 US

**New Mailing Address:**

FEI Number: 59-2997602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURNER, MICHELE  
650 N. APOLLO BLVD  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

MORSE, BARBARA  
3635 WHISPERWOOD CIRCLE  
MELBOURNE, FL 32901 US

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.

SIGNATURE: BARBARA MORSE

01/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAMERUCI, MARC  
Address: 3664 WHISPERWOOD CIR.  
City-St-Zip: MELBOURNE, FL 32901

Title: T ( ) Delete  
Name: TURNER, MICHELLE  
Address: 650 N APOLLO BLVD  
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete  
Name: SCHROEDER, PAULA  
Address: 3679 WHISPERWOOD CIR  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: MORSE, WILLIAM  
Address: 3635 WHISPERWOOD CIRCLE  
City-St-Zip: MELBOURNE, FL 32901

Title: V ( ) Delete  
Name: WADSWORTH, JAGADE  
Address: 963 WHISPERPINE DR  
City-St-Zip: MELBOURNE, FL 32901

Title: P ( ) Delete  
Name: TIEDMAN, GENA  
Address: 973 WHISPEROAK DR  
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CASSIDY, SHARON  
Address: 3633 WHISPERWOOD CIRCLE  
City-St-Zip: MELBOURNE, FL 32901

Title: T (X) Change ( ) Addition  
Name: MORSE, BARBARA  
Address: 3635 WHISPERWOOD CIRCLE  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: COLLINS, SUE  
Address: 926 WHISPERPINE DRIVE  
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Change ( ) Addition  
Name: TURNER, MICHELLE  
Address: 650 N. APOLLO BLVD.  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA MORSE

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date