2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N22734

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:

MORSE, BARBARA
3635 WHISPERWOOD CIRCLE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: STEFFEN, GERALD
Address: 3614 WHISPERWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: T
Name: MORSE, BARBARA
Address: 3635 WHISPERWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: S
Name: FLAVELL, TRACY
Address: 912 WHISPEROAK DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: VP
Name: FOX, LINDA
Address: 3616 WHISPERWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: SHEFFIELD, WAYNE
Address: 3617 WHISPERWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: EARLS, PENNY
Address: 3671 WHISPERWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32901

I hereby 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 all other like empowered.

SIGNATURE: BARBARA MORSE T 01/05/2011
Electronic Signature of Signing Officer or Director Date