## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22734

FILED Jan 05, 2012 Secretary of State

Entity Name: WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3629 WHISPERWOOD CIR MELBOURNE, FL 32901 US

Current Mailing Address: New Mailing Address:

3629 WHISPERWOOD CIR MELBOURNE, FL 32901 US

FEI Number: 59-2997602 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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.

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Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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SIGNATURE:

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: MARTIN, BARBARA

Address: 3615 WHISPERWOOD CIRCLE City-St-Zip: MELBOURNE, FL 32901

Title: VP

Name: FOX, LINDA

Address: 3616 WHISPERWOOD CIRCLE City-St-Zip: MELBOURNE, FL 32901

Title: [

Name: SHEFFIELD, WAYNE

Address: 3617 WHISPERWOOD CIRCLE City-St-Zip: MELBOURNE, FL 32901

Title:

Name: FLAVELL, TRACY
Address: 912 WHISPER OAK DRIVE
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 J. MORSE T 01/05/2012