2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90171 007 ****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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	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
SCHEFFLER, CINDY 3661 WHISPERWOOD CIRCLE MELBOURNE FL 32901	Name TIEDEMAN, THOMAS Street Address (P.O. Box Number is Not Acceptable) 973 WHISPEROAK DRIVE 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 Thomas Tiedeman THOMAS TIEDEMAN, TREASURER 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	S SPANNAN, KATE 3618 WHISPERWOOD CIR MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARC CAMERUCI 3664 WHISPERWOOD CIR. MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHEFFLER, CINDY 3661 WHISPERWOOD CIR MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMAS TIEDEMAN 973 WHISPEROAK DR. MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIEDEMAN, THOMAS 973 WHISPEROAK DR MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN FISHER 3652 WHISPERWOOD CIR. MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KELLNER, STEVEN 901 WHISPEROAK DRIVE MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAREN RIFFEE 3641 WHISPERWOOD CIR. MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RIFFEE, KAREN 3641 WHISPERWOOD CIR MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERT LEGGETT 974 WHISPERPINE DR. MELBOURNE, FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEFUSCO, ROBERT 914 WHISPERPINE DR MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas Tiedeman REQUIRED THOMAS TIEDEMAN 4/15/03 (772)978-4870

attachment 80087144

~~#~~ N22734

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KRISTIN HENLEY

3673 WHISPERWOOD CIR.

MELBOURNE, FL 32901

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STEVEN KELLNER

901 WHISPEROAK DR.

MELBOURNE, FL 32901

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CINDY SCHEFFLER

3661 WHISPERWOOD CIR.

MELBOURNE, FL 32901