

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25135

FILED
Mar 19, 2007
Secretary of State

Entity Name: WHISPERING OAKS HOMEOWNERS ASSOCIATION OF ORMOND BEACH, INC.

Current Principal Place of Business:

P.O. BOX 11562
DAYTONA BEACH, FL 32120

New Principal Place of Business:

14 FERNERY TR
ORMOND BEACH, FL 32174

Current Mailing Address:

P.O. BOX 11562
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: 59-3015902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEVENSON, EDWARD
15 FERNERY TRAIL
ORMOND BEACH, FL 32174 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: PRES () Delete
Name: STEVENSON, EDWARD
Address: 15 FERNERY TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: DIR () Delete
Name: ZADNIK, FRANK
Address: 10 FERNERY TR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: TRES () Delete
Name: STEMAN, PATRICIA
Address: 14 FERNERY TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC () Delete
Name: TETERS, JAMES
Address: 9 FERNERY TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: DIR () Delete
Name: OUELLETTE, ROBIN
Address: 16 FERNERY TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: RABBITT, DAVID
Address: 3 FERNERY TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change () Addition
Name: TETERS, JIM
Address: 9 FERNERY TR.
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: SEC (X) Change () Addition
Name: BENNETT, LORI
Address: 5 FERNERY TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD STEVENSON

DIR

03/19/2007

Electronic Signature of Signing Officer or Director

Date