2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N28020

Entity Name: WHISPER LAKES UNIT 2 HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 770874
ORLANDO, FL 328770874 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770874
ORLANDO, FL 328770874 US

New Mailing Address:

FEI Number: 59-2935894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, VICTOR M
11959 ATLIN DR
ORLANDO, FL 32837

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: T ( ) Delete
Name: MARTIN, JOSE O
Address: 11886 ATLIN DR
City-St-Zip: ORLANDO, FL 32877

Title: C ( ) Delete
Name: GONZALEZ, RAQUEL
Address: 11920 ATLIN DR
City-St-Zip: ORLANDO, FL 32837

Title: VD ( ) Delete
Name: RAMIREZ, VICTOR M
Address: 11959 ATLIN DR
City-St-Zip: ORLANDO, FL 32837

Title: PD ( ) Delete
Name: QUINONES, JUAN P
Address: 2136 OPILANA ST
City-St-Zip: ORLANDO, FL 32837

Title: STD ( ) Delete
Name: BROWN, LEE A
Address: PO BOX 771066
City-St-Zip: ORLANDO, FL 32877

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change ( ) Addition
Name: RAMIREZ, VICTOR M
Address: 11959 ATLIN DR
City-St-Zip: ORLANDO, FL 32837

Title: VD (X) Change ( ) Addition
Name: VALDES, PEDRO
Address: 11870 ATLIN DR
City-St-Zip: ORLANDO, FL 32837

Title: STD (X) Change ( ) Addition
Name: CASTRO, AIDA
Address: 11866 ATLIN DR
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTOR M RAMIREZ PD 04/23/2004

Electronic Signature of Signing Officer or Director — Date