

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28020

FILED
Apr 22, 2006
Secretary of State

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

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

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

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

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

Title: ARC () Delete
Name: CORTEZ, HECTOR
Address: 11878 ATLIN DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: VICTOR M RAMIREZ

P

04/22/2006

Electronic Signature of Signing Officer or Director

Date