

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31418

FILED
Apr 21, 2009
Secretary of State

Entity Name: WHISPERING WINDS, INC.

Current Principal Place of Business:

1080 WINDY WAY
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

PO BOX 1564
APOPKA, FL 32704 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCULLOH, NEAL ESQ
CLAYTON AND MCCULLOH
106 N MAITLAND CTR COMMONS BLVD
MAITLAND, FL 32757 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: P () Delete
Name: TILLET, LUIS
Address: 1081 WINDY WAY
City-St-Zip: APOPKA, FL 32703

Title: BMT () Delete
Name: RYES, DENNIS
Address: 1090 WINDY WAY
City-St-Zip: APOPKA, FL 32703

Title: BMT () Delete
Name: MULLIS, TANYA
Address: 1172 WINDY WAY
City-St-Zip: APOPKA, FL 32703

Title: BMT () Delete
Name: KURTZ, WENDY
Address: 1209 WINDWARD DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PALMER, VAN
Address: 1183 WINDY WAY
City-St-Zip: APOPKA, FL 32703

Title: DR (X) Change () Addition
Name: MULLIS, TANYA
Address: 1172 WINDY WAY
City-St-Zip: APOPKA, FL 32703

Title: TR (X) Change () Addition
Name: CARTAGENA, MISTY
Address: 1212 WINDWARD DR
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify 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: LUIS TILLET

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date