2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38370

FILED Mar 17, 2008 Secretary of State

Entity Name: WHISPERING SOUND OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3645 SW WHISPERING SOUND DRIVE PALM CITY, FL 34990 US

Current Mailing Address: New Mailing Address:

3645 SW WHISPERING SOUND DRIVE PALM CITY, FL 34990 US

FEI Number: 65-0245115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORNETT, JANE L
CORNETT, GOOGE & ASSOCIATES, PA
401 EAST OSCEOLA ST
STUART, FL 34994 US

CORNETT, JANE L
401 EAST OSCEOLA ST.
STUART, FL 34994 US

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: 03/17/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PT (X) Change () Addition Name: REANEY, BOB PT REANEY, BOB PT

Address: 1459 SW GREENS POINTE WAY
City-St-Zip: PALM CITY, FL 34990 STEENS POINTE WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: VD () Delete Title: VD (X) Change () Addition

Name: LANE, GAIL Name: SCHORPP, OTTO W VD

Address: 3886 SW WHISPERING S DR Address: 3893 SW WHISPERING SOUND DR City-St-Zip: PALM CITY, FL 34990 US

Title: T (X) Delete Title: () Change () Addition

Name: REANEY, BOB Name:

Address:1459 SW GREENS POINTE WAYAddress:City-St-Zip:PALM CITY, FL 34990City-St-Zip:

Title: 2VPD () Delete Title: VD (X) Change () Addition

Name: WILSON, WILLIAM VD
Address: 1419 SOUTHWEST GREENS PT WY
Address: 1419 SOUTHWEST GREENS POINTE WAY

City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 US

Title: SD () Delete Title: SD (X) Change () Addition

Name: GLATZ, DOROTHY M SD Name: GLATZ, DOROTHY M SD

Address: 3669 SW WHISPERING SD DR Address: 3669 SW WHISPERING SOUND DR City-St-Zip: PALM CITY, FL 34990 US

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: LORRAINE R SHANNON A/T 03/17/2008