


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90298 037 \*\*\*\*61.25

<b>DOCUMENT # N40243</b> 1. Entity Name <b>WHITING WOODS HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>STEPHEN R. KENNINGTON</b> <b>7282 HWY 87 N</b> <b>MILTON, FL 32570</b>	Mailing Address <b>STEPHEN R. KENNINGTON</b> <b>7282 HWY 87 N</b> <b>MILTON, FL 32570</b>
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02052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3050575</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CONNOLLY, RICHARD P.**  
**7256 HWY 87 NORTH**  
**MILTON, FL 32570**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KENNINGTON, STEPHEN R</b> <b>7282 HWY 87 NORTH</b> <b>MILTON, FL 32570</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROSASSCO, ANGELA M</b> <b>5648 CAMELIA AVENUE</b> <b>MILTON, FL 32570</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>KENNINGTON, KRISTIN</b> <b>7282 HWY 87 NORTH</b> <b>MILTON, FL 32570</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUNOZ, VIANY</b> <b>5648 CAMELIA AVE</b> <b>MILTON, FL 32570</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GORDON, LEAF R</b> <b>6563 STARBOARD DRIVE</b> <b>MILTON, FL 32570</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ky Kennington* *Kristin J Kennington* *4/20/06* *850 983 6740*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #