

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90076 014 ****61.25

DOCUMENT # N40243 1. Entity Name WHITING WOODS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business STEPHEN R. KENNINGTON 7282 HWY 87 N MILTON, FL 32570			Mailing Address STEPHEN R. KENNINGTON 7282 HWY 87 N MILTON, FL 32570		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3050575	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNOLLY, RICHARD P. 7256 HWY 87 NORTH MILTON, FL 32570				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
P KENNINGTON, STEPHEN R 7282 HWY 87 NORTH MILTON, FL 32570		<input type="checkbox"/> Delete			
V ROSASSCO, ANGELA M 5648 CAMELIA AVENUE MILTON, FL 32570		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
ST KENNINGTON, KRISTIN 7282 HWY 87 NORTH MILTON, FL 32570		<input type="checkbox"/> Delete			
D MUNOZ, VIANY 5648 CAMELIA AVE MILTON, FL 32570		<input type="checkbox"/> Delete			
D GORDON, LEAF R 6563 STARBOARD DRIVE MILTON, FL 32570		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
V MARCOS MUNOZ 5648 CAMELIA AVE MILTON FL 32570		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: <u>Kristin J Kennington</u> <u>3/30/07</u> <u>8509836740</u>					
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR					