

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40243

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** WHITING WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

STEPHEN R. KENNINGTON  
7282 HWY 87 N  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

STEPHEN R. KENNINGTON  
7282 HWY 87 N  
MILTON, FL 32570

**New Mailing Address:**

**FEI Number:** 59-3050575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNOLLY, RICHARD P.  
7256 HWY 87 NORTH  
MILTON, FL 32570 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: KENNINGTON, STEPHEN R  
Address: 7282 HWY 87 NORTH  
City-St-Zip: MILTON, FL 32570

Title: V ( ) Delete  
Name: MARCOS, MUNOZ  
Address: 5648 CAMELIA AVENUE  
City-St-Zip: MILTON, FL 32570

Title: ST ( ) Delete  
Name: KENNINGTON, KRISTIN  
Address: 7282 HWY 87 NORTH  
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete  
Name: MUNOZ, VIANY  
Address: 5648 CAMELIA AVE  
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete  
Name: GORDON, LEAF R  
Address: 6563 STARBOARD DRIVE  
City-St-Zip: MILTON, FL 32570

**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  
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 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: KRISTIN KENNINGTON

ST

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date