

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90048 031 ****61.25

DOCUMENT # N48476

1. Entity Name

WHISPERWOOD COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1052 WHISPERWOOD WAY
SANIBEL FL 33957

Mailing Address

1052 WHISPERWOOD WAY
SANIBEL FL 33957

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0485843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'SULLIVAN, F. PATRICK
1052 WHISPERWOOD WAY
SANIBEL FL 33957

Name ED WHEELER

Street Address (P.O. Box Number is Not Acceptable)

1044 WHISPERWOOD WAY

City SANIBEL

FL

Zip Code 33957

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 ED WHEELER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/07
DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME O'SULLIVAN, F. PATRICK
STREET ADDRESS 1052 WHISPERWOOD WAY
CITY-ST-ZIP SANIBEL FL 33957

TITLE VP ☐ Delete
NAME FLEMING, VIRGINIA
STREET ADDRESS 1036 WHISPERWOOD WAY
CITY-ST-ZIP SANIBEL FL 33957

TITLE ST ☐ Delete
NAME LAGORCE, DEBRA
STREET ADDRESS 1018 DIXIE BEACH BLVD.
CITY-ST-ZIP SANIBEL FL 33957

TITLE President ☐ Delete
NAME EDWARD WHEELER
STREET ADDRESS 1044 WHISPERWOOD WAY
CITY-ST-ZIP SANIBEL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ed Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07
Date

239-472-9768
Daytime Phone #