2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90046 033 ****61.25

DOCUMENT # N94000005044

1. Entity Name
WHISPER LAKES UNIT 1 HOMEOWNER'S ASSOCIATION, INC.

40065442

Principal Place of Business	Mailing Address
C/O WORLD OF HOMES 2834 S OSCEOLA AVE ORLANDO, FL 32806	C/O WORLD OF HOMES 2834 S OSCEOLA AVE ORLANDO, FL 32806

04012008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o SRK Residential Communities	c/o SRK Residential Communities.
Suite, Apt. #, etc. 6220 S. Orange Blossom Tr. #105	Suite, Apt. #, etc. 6220 S. Orange Blossom Tr. #105
City & State Orlando, Fl.	City & State Orlando, Fl.
Zip / Country 32809 / USA	Zip / Country 32809 / USA

4. FEI Number
59-3224076
☐ 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
WORLD OF HOMES, 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806	Name: SRK Residential Communities, LLC. Street Address (P.O. Box Number is Not Acceptable): 6220 S. Orange Blossom Trail Suite 105 City: Orlando FL Zip Code: 32809

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: MRK 4/08/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2008	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRENDA MESSINA 11520 PURPLE LILAC ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JANE DUFFY 2219 PHONECIA CT ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KLOSTERMAN, STEPHEN 4707 TINSLEY DR. ORLANDO, FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Klosterman, Stephen 4814 Legacy Oaks Drive Orlando, Fl. 32839	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: MRK 4/8/08 407-992-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #