

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005044

FILED
Mar 05, 2009
Secretary of State

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

Current Principal Place of Business:

C/O SRK RESIDENTIAL COMMUNITIES
6220 S. ORANGE BLOSSOM TR. #105
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

C/O SRK RESIDENTIAL COMMUNITIES
6220 S. ORANGE BLOSSOM TR. #105
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3224076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SRK RESIDENTIAL COMMUNITIES, LLC.
6220 S. ORANGE BLOSSOM TRAIL
SUITE 105
ORLANDO, FL 32809 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: PD () Delete
Name: BRENDA MESSINA,
Address: 11520 PURPLE LILAC
City-St-Zip: ORLANDO, FL 32837

Title: VD () Delete
Name: JANE DUFFY,
Address: 2219 PHONECIA CT
City-St-Zip: ORLANDO, FL 32837

Title: STD () Delete
Name: KLASTERMAN, STEPHEN
Address: 4814 LEGACY OAKS DRIVE
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: KLOSTERMAN, STEPHEN
Address: 6220 S ORANGE BLOSSOM TRAIL #105
City-St-Zip: ORLANDO, FL 32809

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: STEPHEN KLOSTERMAN

RA

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date