

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

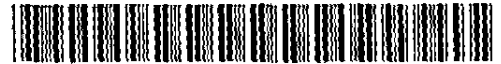
**DOCUMENT # N99000000281**

1. Entity Name  
**WHISPER CREEK RESIDENTS' ASSOCIATION, INC.**



Principal Place of Business  
**C/O INTERGRATED PROPERTY MGMT  
3435 10TH ST N SUITE 201  
NAPLES, FL 34103**

Mailing Address  
**C/O INTERGRATED PROPERTY MGMT  
3435 10TH ST N SUITE 201  
NAPLES, FL 34103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-NP

CRZE037 (11/05)

4. FEI Number  
**65-1019014**

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

**SHIELDS, CHRISTOPHER  
1833 HENDRY STREET  
PO DRAWER 1507  
FORT MYERS, FL 33902**

Name

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

City

**FL**

Zip Code

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

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, 2006**

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	STD	<input type="checkbox"/> Delete
NAME	BUUCK, JOHN	
STREET ADDRESS	23957 CREEK BRANCH LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POWARS, CHARLES	
STREET ADDRESS	23805 CREEK BRANCH LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, JOHN	
STREET ADDRESS	23960 CREEK BRANCH LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000540699  
05/10/06-80028-013 61.25

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 changed, or on an attachment with an address, with all other I/we empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-06 239-944-2227**

Date

Daytime Phone #