

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006117

FILED  
Jan 10, 2010  
Secretary of State

**Entity Name:** WHISPERING OAKS HOMEOWNERS ASSOCIATION OF ST. AUGUSTINE BEACH, INC.

**Current Principal Place of Business:**

951 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

951 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 59-3652424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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:** DIR  
**Name:** BIRCHALL, ANDREW DIR.  
**Address:** 951 A1A BEACH BLVD  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** V.P.  
**Name:** WALTON, WILLIAM V.P.  
**Address:** 951 A1A BEACH BLVD  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** SEC  
**Name:** MAC DOWELL, BETTE M  
**Address:** 951 A1A BEACH BLVD  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** PRES  
**Name:** CRUM, ROBERT PRES.  
**Address:** 951 A1A BEACH BLVD  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** DIR  
**Name:** PARKER, ROBERT DIR.  
**Address:** 951 A1A BEACH BLVD.  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** TRES  
**Name:** RAGOSTA, JOHN TRES.  
**Address:** 951 A1A BEACH BLVD.  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT CRUM

PRES

01/10/2010

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

\_\_\_\_\_  
Date