

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22734

Entity Name: WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3629 WHISPERWOOD CIR
MELBOURNE, FL 32901**Current Mailing Address:**3629 WHISPERWOOD CIR
MELBOURNE, FL 32901 US**FEI Number:** 59-2997602**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORLETTE, RAY
3613 WHISPERWOOD CIRCLE
MELBOURNE, FL 32901 US*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:** RAY H CORLETTE

01/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T
Name	CORLETTE, RAY
Address	3613 WHISPERWOOD CIRCLE
City-State-Zip:	MELBOURNE FL 32901

Title	PRESIDENT
Name	CORLETTE, RAY
Address	3613 WHISPERWOOD CIRCLE
City-State-Zip:	MELBOURNE FL 32901

Title	VP
Name	AIELLO, MICHAEL
Address	3625 WHISPERWOOD CIRCLE
City-State-Zip:	MELBOURNE FL 32901

Title	SECRETARY
Name	DORSEY, JOYCE
Address	3601 WHISPERWOOD CIRCLE
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	MCDONALD, PAULA
Address	3656 WHISPER WOOD CIRCLE
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	SMITH, LORRAINE
Address	913 WHISPER OAK DRIVE
City-State-Zip:	MELBOURNE FL

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: RAY H CORLETTE**TREASURER**

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date