2015 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:

MORSE, BARBARA
3635 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:

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	P		Title	T
Name	DEFILIPPO, CHARLES		Name	MORSE, BARBARA
Address	3621 WHISPERWOOD CIRCLE		Address	3635 WHISPERWOOD CIRCLE
City-State-Zip:	MELBOURNE FL 32901		City-State-Zip:	MELBOURNE FL 32901
Title	S		Title	VP
Name	CORLETTE, HELEN		Name	RYALL, JOE
Address	3613 WHISPERWOOD CIRCLE		Address	3658 WHISPERWOOD CIRCLE
City-State-Zip:	MELBOURNE FL 32901		City-State-Zip:	MELBOURNE FL 32901
Title	D		Title	D
Name	SHEFFIELD, WAYNE		Name	STEFFEN, JERRY
Address	3617 WHISPERWOOD CIRCLE		Address	3614 WHISPER WOOD CIRCLE
City-State-Zip:	MELBOURNE FL 32901		City-State-Zip:	MELBOURNE FL 32901
Title	DIRECTOR		Title	DIRECTOR
Name	MULA, BOB		Name	CHAPMAN, JOHN
Address	3660 WHISPER WOOD CIRCLE		Address	3607 WHISPER WOOD CIRCLE
City-State-Zip:	MELBOURNE FL 32901		City-State-Zip:	MELBOURNE FL 32901

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: BARBARA J. MORSE   TREASURER   01/09/2015

Electronic Signature of Signing Officer/Director Detail   Date