

**2017 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	T
Name	MORSE, BARBARA
Address	3635 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	D
Name	DORSEY, JOYCE
Address	3601 WHISPERWOOD CIRCLE
City-State-Zip:	MELBOURNE FL 32901

Title	SECRETARY
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:** BARBARA MORSE**TREASURER****01/13/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date