

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000011958

**Entity Name:** WHISPERING OAKS PRESERVE HOMEOWNERS, INC.

**Current Principal Place of Business:**

4343 ANCHOR PLAZA PARKWAY, SUITE 200  
TAMPA, FL 33634

**Current Mailing Address:**

4343 ANCHOR PLAZA PARKWAY, SUITE200  
TAMPA, FL 33634 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

STEARNS WEAVER WEISSLER HADJEFF & SITTERSON  
C/O CHRISTIAN F. ORYAN, ESQ.  
401 EAST JACKSON STREET, SUITE 2100  
TAMPA, FL 33602 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 DP  
Name VALENTI, BETTY  
Address 4343 ANCHOR PLAZA PARKWAY,  
SUITE 200  
City-State-Zip: TAMPA FL 33634

Title DV  
Name BENNETT, STEPHEN  
Address 4343 ANCHOR PLAZA PARKWAY,  
SUITE 200  
City-State-Zip: TAMPA FL 33634

Title DST  
Name GARRETT, NICOLE  
Address 4343 ANCHOR PLAZA PARKWAY,  
SUITE 200  
City-State-Zip: TAMPA FL 33634

*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:** BETTY D VALENTI

**PRESIDENT**

**04/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date