

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744007** (6)

1. Corporation Name

WHIPPOORWILL LAKES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 12765 W. FOREST HILL BLVD SUITE 1302 WELLINGTON FL 33414 US	Mailing Address 12765 W. FOREST HILL BLVD SUITE 1302 WELLINGTON FL 33414 US
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3. Date Incorporated or Qualified

08/22/1978

4. FEI Number

59-2175457

Applied For
Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NELSON, MICHAEL H
12765 W. FOREST HILL BLVD
SUITE 1302
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD	<input type="checkbox"/> DELETE
NAME PONRCE, GLEN	
STREET ADDRESS 12765 W FOREST HILL BLVD #1302	
CITY - ST - ZIP WELLINGTON FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME DUICH, JACK	
STREET ADDRESS 12765 W FOREST HILL BLVD #1302	
CITY - ST - ZIP WELLINGTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SMITH, BURT	
STREET ADDRESS 12765 W FOREST HILL BLVD #1302	
CITY - ST - ZIP WELLINGTON FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME O'BANNON, ROBERT	
STREET ADDRESS 12765 W FOREST HILL BLVD #1302	
CITY - ST - ZIP WELLINGTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ZANIEWSKI, GARY	
STREET ADDRESS 970 WHIPPOORWILL TRAIL	
CITY - ST - ZIP W. PALM BEACH FL	
TITLE AS	<input type="checkbox"/> DELETE
NAME NELSON, MICHAEL	
STREET ADDRESS 12765 W FOREST HILL BLVD #1302	
CITY - ST - ZIP WELLINGTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PEARCE, GLEN	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE MAT D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME MATTHEW SHERMAN	
4.3 STREET ADDRESS 12765 W. Forest Hill Blvd #1302	
4.4 CITY - ST - ZIP Wellington, FL 33414	
5.1 TITLE T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME MAX KOLSHAK	
5.3 STREET ADDRESS 12765 W Forest Hill Blvd #1302	
5.4 CITY - ST - ZIP WELLINGTON, FL 33414	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Michael Nelson* **4/15/98 561-793-7410**

CR2E037 (10/97)