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**Apr 27, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744007**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/22/1978

4. FEI Number

59-2175457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME PEARCE, GLEN  
STREET ADDRESS 12765 W FOREST HILL BLVD #1302  
CITY-ST-ZIP WELLINGTON FL

TITLE PD ☐ DELETE

NAME DUICH, JACK  
STREET ADDRESS 12765 W FOREST HILL BLVD #1302  
CITY-ST-ZIP WELLINGTON FL

TITLE D ☐ DELETE

NAME SMITH, BURT  
STREET ADDRESS 12765 W FOREST HILL BLVD #1302  
CITY-ST-ZIP WELLINGTON FL

TITLE DS ☐ DELETE

NAME SHERMAN, MATTHEW  
STREET ADDRESS 12765 W FOREST HILL BLVD. #1302  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE

NAME ZANIEWSKI, GARY  
STREET ADDRESS 970 WHIPPOORWILL TRAIL  
CITY-ST-ZIP W. PALM BEACH FL

TITLE AS ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED

4/19/99

561-793-7266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)