
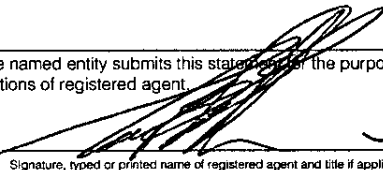



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90052 034 \*\*\*\*61.25

<b>DOCUMENT # 744007</b> 1. Entity Name <b>WHIPPOORWILL LAKES PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 2994 JOG ROAD SUITE B GREENACRES, FL 33467 US			Mailing Address 2994 JOG ROAD SUITE B GREENACRES, FL 33467 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2175457</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CMC MANAGEMENT INC</b> <b>2994 JOG ROAD</b> <b>SUITE B</b> <b>GREENACRES, FL 33467</b>				7. Name and Address of New Registered Agent Name <b>Scot A. Gerrish</b> Street Address (P.O. Box Number is Not Acceptable) <b>2994 Jog Road</b> <b>Suite B</b> City <b>Greenacres</b> <b>FL</b> Zip Code <b>33467</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>Scot A. Gerrish</b> Manager <b>March 18, 04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, H B 825 WHIPPOORWILL TRAIL WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Timothy Sargent 909 Whippoorwill Blvd. West Palm Beach, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALONSO, LOURDES 732 WHIPPOORWILL TRAIL WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Mark Pignato 765 Whippoorwill Blvd. West Palm Beach, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAZQUEZ, MARIE 890 WHIPPOORWILL WAY WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOLSHAK, MAX 800 WHIPPOORWILL TRAIL WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, MATHEW 864 WHIPPOORWILL ROW WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEDER, JOEL 799 WHIPPOORWILL ROW WEST PALM BEACH, FL 33411	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

94033567



01272004 Chg-NP CR2E037 (10/03)

**\$8.75** Additional  
Fee Required