


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90271 034 ****61.25

DOCUMENT # 763434

1. Entity Name
WHISPERING OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**35142 WHISPERING OAKS BLVD
 RIDGE MANOR, FL 33523 US**

Mailing Address
**35142 WHISPERING OAKS BLVD
 RIDGE MANOR, FL 33525 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02082004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2392285

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**INGRAM, JACK F
 35118 WHISPERING OAKS BLVD
 RIDGE MANOR, FL 33523**

7. Name and Address of New Registered Agent
 Name **Robert Armstrong**
 Street Address (P.O. Box Number is Not Acceptable)
35071 Smoke Tree Ln
 City **Ridge Manor** **FL** Zip Code **33523**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, BETTY A 35076 SMOKE TREE LN RIDGE MANOR, FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'CONNELL, SUZANNE 35124 WHISPERING OAKS BLVD RIDGE MANOR, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPIUS, JASON 6074 BEECHWOOD DR RIDGE MANOR, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCREERY, D. JOYE 34515 CEDARFIELD DR. RIDGE MANOR, FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGRAM, JACK F 35118 WHISPERING OAKS BLVD RIDGE MANOR, FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nelson, Nancy 35034 Mahogany Ct Ridge Manor, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, ROBERT 35071 SMOKE TREE LN RIDGE MANOR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: J.F. Jensen-Treas **J.F. JENSEN-TREAS** 4/23/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #