

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90188 016 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2392285**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGRAM, JACK F
35118 WHISPERING OAKS BLVD
RIDGE MANOR FL 33523**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **VD** Delete
NAME **JOHNSON, BETTY A**
STREET ADDRESS **35076 SMOKE TREE LN**
CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **O'CONNELL, SUZANNE**
STREET ADDRESS **35124 WHISPERING OAKS BLVD**
CITY-ST-ZIP **RIDGEMANOR.FL 33523**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **MINTHORN, ALAN R**
STREET ADDRESS **34470 CEDARFIELD DRIVE**
CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE Change Addition
NAME **Hofius, Jason**
STREET ADDRESS **6074 Beechwood Dr**
CITY-ST-ZIP **Ridge Manor, FL 33523**
D

TITLE **T** Delete
NAME **MCCREERY, D. JOYE**
STREET ADDRESS **34515 CEDARFIELD DR.**
CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **INGRAM, JACK F**
STREET ADDRESS **35118 WHISPERING OAKS BLVD**
CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **HANSCHU, RICHARD**
STREET ADDRESS **34379 WHISPERING OAKS BLVD**
CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE Change Addition
NAME **Armstrong, Robert**
STREET ADDRESS **35071 Smoke Tree Lane**
CITY-ST-ZIP **Ridge Manor, FL**

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: *[Signature]* **JOYE McCreery, Treasurer** 01-13-03 352-583-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)