

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00539 (9)**

1. Corporation Name

WHISPERING OAKS CONDOMINIUM ASSOCIATION OF BREVA RD, INC.



Principal Place of Business	Mailing Address
8500 ROSALIND AVE #7 PO BOX 320825 COCOA BEACH FL 32932-0825	8500 ROSALIND AVE #7 PO BOX 320825 COCOA BEACH FL 32932-0825

3. Date Incorporated or Qualified 12/22/1983	3a. Date of Last Report 04/28/1995
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2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

4. FEI Number 59-2295981	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R
1221 E. NEW HAVEN AVE.
MELBOURNE FL 32901**

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	3 PD
NAME	CAHALAN, PATRICK	1.2 NAME	COLLEY, MARK
STREET ADDRESS	1637 LEMA DR.	1.3 STREET ADDRESS	8500 ROSALIND AV #07
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	CAPE CANAVERAL, FL. 32920
TITLE	TD	2.1 TITLE	TD
NAME	GRUBER, NANETTE	2.2 NAME	WILLIAM R JOHNSON
STREET ADDRESS	8500 ROSALIND AVE #09	2.3 STREET ADDRESS	8500 ROSALIND AV 10
CITY-ST-ZIP	CAPE CANAVERAL FL	2.4 CITY-ST-ZIP	CAPE CANAVERAL, FL. 32920
TITLE	SD	3.1 TITLE	SD
NAME	COLLEY, MARK	3.2 NAME	NANETTE J. GRUBER
STREET ADDRESS	8500 ROSALIND AVE., #7	3.3 STREET ADDRESS	8500 ROSALIND AV #09
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	CAPE CANAVERAL, FL. 32920
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **NANETTE J. GRUBER** *Nanette J. Gruber* Date: **4-20-96** Daytime Phone #: **407.783.7237**

CR2E037 (12/95)