

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 8500 ROSALIND AVE #7, PO BOX 320825, COCOA BEACH FL 32932-0825
Mailing Address: 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: 04/24/1996
4. FEI Number: 59-2295981 *WRONG*
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, State (FL), and 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. (NOTE: Registered Agent signature required when re-issuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COLLEY, MARK	1.1 TITLE	PD NETTIG GRUBER
NAME	8500 ROSALIND AVE #07	1.2 NAME	205 S. DANIANA RIVER BLVD, 303
STREET ADDRESS	CAPE CAVAVERAL FL	1.3 STREET ADDRESS	COCOA BEACH FL 32931
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD JOHNSON, WILLIAM R	2.1 TITLE	TD SAME
NAME	8500 ROSALIND AVE #10	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CAPE CANAVERAL FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	SD GRUBER, NANETTE J.	3.1 TITLE	SD SAME
NAME	8500 ROSALIND AVE #09	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CAPE CANAVERAL FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VPD ROBERT O'NEIL
NAME		4.2 NAME	8500 ROSALIND AV #08
STREET ADDRESS		4.3 STREET ADDRESS	CAPE CANAVERAL FL 32920
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 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.

CR2E037 (9/96)

4077836205