FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

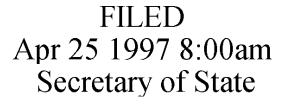
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N00539

(9)

WHISPERING OAKS CONDOMINIUM ASSOCIATION OF BREVA RD, INC.





Principal Plac	e of Business	Mailing Address				I 39-84400 ON DONN DONN DILED BILLED BILL OND ON ONLY BIRL BIRL DIDN DIDN DIDN DONN DONN DONN DONN DE D		
BS00 ROSALIND AVE #7 PO BOX 320825 COCOA BEACH FL 32932 0825		8500 ROSALIND AVE #7 PO BOX 320825 COCOA BEACH FL 32932-0825						
OUVUM PERV	TITE SERVE COMED	SOUCH DENVITTE VENETOES			3. Date Incorporated or Qualified 12/22/1983 3a. Date of Last Report 04/24/1996			
Principal Place of Business 1		2a. Mailing Address 26				4. FEI Number Applied For S9-2295981 WAON6 Not Applicab		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & Stat	le	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Co	ountry		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		· · · · · · · · · · · · · · · · · · ·	Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent		1001		10. Name and Address of New Registered Agent		
				81	Name			
MOSLEY, CURTIS R 1221 E.NEW HAVEN AVE.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	URNE FL 32901			83				
				84	City	85 Zip Code		
44 0	to the proviolant of Castiana 647 050	9 and 617 1600 Finding Oct	don the		named	FL 89 20 Code		
office or agent. I a			authoriza Iorida Sta	ed by atutes.	the corporat	tion's board of directors. I hereby accept the appointment as registered		
	Signature, typed or printed name of registered age				signature requir	red when re-ris/ating) DATE		
12.	OFFICERS AND	D DIRECTORS DELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD COLLEY MADY	TRA DETETE		TITLE	_ #	Change Addition		
NAME	COLLEY, MARK			NAME		ICTTIC BRUBER BLVS, 303 05 3. BANANA River BLVS, 303 000 A BC4 FL 32931		
STREET ADDRESS	8500 ROSALIND AVE #07		- 1	STREET A	DDRESS	05 3. Dr. (E) 27921		
CITY-ST-ZIP	CAPE CAVAVERAL FL	DELETE		CITY ST	ZIP C	Change Addition		
TITLE	TD Johnson, William R	FT percie		711LE	1	A — · · — ·		
NAME	8500 ROSALIND AVE #10			NAME Ozber 4		SAMÉ		
STREET ADDRESS	CAPE CANAVERAL FL		1	STREET A	1			
CITY-ST-ZIP TITLE	SD SD	☐ DELETE		CITY-ST TITLE		Change Addition		
NAME	GRUBER, NANETTE J.			NAME	SI	P L. Crisinge L. Addrite		
STREET ADDRESS	8500 ROSALIND AVE #09		1	nami: Street a	DDBESS	SANE		
	CAPE CANAVERAL FL		1	CITY-\$1	1			
CITY-ST-ZIP TITLE	ON L VANALIVE IL	DELETE		TITLE	- ZIF	PD Change Hadding ROBERT O'NEIL # 08 8500 ROSALIND AV # 08 CAPE CANAVERAL FL. 32920 CAPE CANAVERAL FL. 32920		
NAME	İ			NAME		PD Change Landdik		
STREET ADDRESS				STREET A	IDDRESS	Tours Av #08		
CITY-ST-ZIP				CITY-SI	-7IP	8500 CANALLEL, 32920		
TITLE		DELETE	_	TITLE		CAPE CANALUE Addition		
NAME				NAME		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS			5.3	STREET A	DDRESS			
CITY-ST-ZIP				CITY-ST				
TITLE		☐ DELETE		TITLE		☐ Change ☐ Addition		
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREE1 A	DDRESS			
CITY-ST-ZIP				CITY-ST	Į.			
			0.1	91				

I do hereby certify that the information supplied with this filing doos 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 eath; 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 atlachment with an address.