

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 32902-0825		8500 ROSALIND AVE #7 PO BOX 320825 COCOA BEACH FL 32902-0825	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	30 Country
24	25	29	30

3. Date Incorporated or Qualified
12/22/1983

4. FEI Number
59-3183293

Applied For
 Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOSLEY, CURTIS R 4221 E NEW HAVEN AVE MELBOURNE FL 32901				81 Name	Marilyn A. Rigerman		
				82 Street Address (P.O. Box Number is Not Acceptable)	200 North First Street		
				83			
				84 City	Cocoa Beach	85 State	FL

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 *Marilyn A. Rigerman* **Marilyn A. Rigerman** 2-9-98

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRUBER, NETTI	
STREET ADDRESS	205 S BANANA RIVER BLVD #303	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM R	
STREET ADDRESS	8500 ROSALIND AVE #10	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRUBER, NANETTE J.	
STREET ADDRESS	8500 ROSALIND AVE #09	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	O'NEIL, ROBERT	
STREET ADDRESS	8500 ROSALIND AVE #08	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Netti J. Gruber* **Netti J. Gruber** 1/29/98 407 783 6205

CFR2E037 (10/97)