

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90041 013 ****61.25

DOCUMENT # N00539

1. Entity Name

WHISPERING OAKS CONDOMINIUM ASSOCIATION OF BREVA

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

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

59-3183293

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARILYN A RIGERMAN
200 N FIRST ST
COCOA BCH FL 32831

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Delete
 NAME: GRUBER, NETTI
 STREET ADDRESS: 205 S BANANA RIVER BLVD #303
 CITY-ST-ZIP: COCOA BCH FL

TITLE: PD Change Addition
 NAME: Shannon Evans
 STREET ADDRESS: 8500 Rosalind Avenue
 CITY-ST-ZIP: Cape Canaveral FL 32920

TITLE: TD Delete
 NAME: JOHNSON, WILLIAM R
 STREET ADDRESS: 8500 ROSALIND AVE #10
 CITY-ST-ZIP: CAPE CANAVERAL FL

TITLE: TD Change Addition
 NAME: Robert O'Neill
 STREET ADDRESS: 8500 Rosalind Avenue
 CITY-ST-ZIP: Cape Canaveral FL 32920

TITLE: SD Delete
 NAME: GRUBER, NANETTE J.
 STREET ADDRESS: 8500 ROSALIND AVE #09
 CITY-ST-ZIP: CAPE CANAVERAL FL

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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:

Shannon Evans
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-00

Date

Daytime Phone #

CR2E037 (9/99)