

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Wideman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02015 (8)**

1. Corporation Name

**WHISPERING WOODS OF CORAL SPRINGS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1100 SOUTH STATE ROAD SEVEN  
SUITE 100  
MARGATE FL 33068

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SUITE 100  
MARGATE FL 33068

**FILED**

95 FEB 28 AM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/16/1984</b>	3a. Date of Last Report <b>02/25/1994</b>
4. FEI Number <b>59-2484819</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUNVEST MANAGEMENT SERVICE CORP.**  
1100 SO. STATE RD. 7, SUITE 100  
MARGATE FL 33068

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Sharon Crady - Pres. Sunvest Management* **2/21/95**  
(Signature of board or elected officer of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLOTIN, IRVING	1.2 NAME	
STREET ADDRESS	700 NW 107 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAGER, MARLENE	2.2 NAME	
STREET ADDRESS	8320 NW 27 PL.	2.3 STREET ADDRESS	7600 NOB HILL ROAD
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	TAMARAC, FL
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISANTIS, CHARLES	3.2 NAME	HUTCHISON, MICHAEL
STREET ADDRESS	700 N.W. 107TH AVENUE	3.3 STREET ADDRESS	8190 STATE ROAD 7
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	DAVIE, FL
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 registrar 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: *Marlene Schragger* **MARLENE SCHRAGER** **2/15/95** **(305) 724-4015**  
(Signature and typed or printed name of signing officer or director) (Date) (Telephone #)