

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02015 (8)**

1. Corporation Name
WHISPERING WOODS OF CORAL SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 1100 SOUTH STATE ROAD SEVEN, SUITE 100, MARGATE FL 33068
Mailing Address: 1100 SOUTH STATE ROAD SEVEN, SUITE 100, MARGATE FL 33068

3. Date Incorporated or Qualified: 03/16/1984
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business: 40 Sunvest Management, Inc., 441 S. St. Rd. 7 #4, Margate, FL 33068, U.S.
2a. Mailing Address: 40 Sunvest Management, Inc., 441 S. St. Rd. 7 #4, Margate, FL 33068, U.S.

4. FEI Number: 59-2484819
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

9. Name and Address of Current Registered Agent: SUNVEST MANAGEMENT SERVICE CORP., 1100 SO. STATE RD. 7, SUITE 100, MARGATE FL 33068

10. Name and Address of New Registered Agent: 81 Name: Sunvest Management, Inc.; 82 Street Address: 441 S. St. Rd. 7 #4; 83 City: Margate; 84 City: Margate; 85 Zip Code: FL 33068

*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 for 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: Sheldon Goldberg (Typed name) / Sheldon Goldberg (Signature) / 1/30/96 (Date)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	BOLOTIN, IRVING	
STREET ADDRESS	700 NW 107 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHRAGER, MARLENE	
STREET ADDRESS	7600 NOB HILL RD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUTCHISON, MICHAEL	
STREET ADDRESS	8190 STATE ROAD 7	
CITY-ST-ZIP	DAVIE 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	

200001734632
-03/06/96--01097--003
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] / 1/29/96 (Date) / (954) 724-4015 (Daytime Phone #)

CR2E037 (12/95)

2-6-96