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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 84-130931 11628

1. Corporation Name
Whispering Woods of Coral Springs NO2015 Homeowners Association, Inc.

Principal Place of Business
c/o Phoenix Management
541 S. State Rd 7-Suite 12
Margate, Fl. 33068

Mailing Address
c/o Phoenix Management
541 S. State Rd 7-Suite 12
Margate, Fl. 33068

3. Date Incorporated or Qualified 3/16/84

3a. Date of Last Report 5/96

4. FEI Number 59-247-4819

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

2. Principal Place of Business

2a. Mailing Address

21 c/o Phoenix Management

26 c/o Phoenix Management

22 541 S. State Rd 7-Suite 12

27 541 S. State Rd 7-Suite 12

23 Margate, FL.

28 Margate, Fl. 33068

24 33068

25 Broward

29 33068

30 Broward

9. Name and Address of Current Registered Agent

Sheldon Goldberg
c/o Phoenix Management
541 S. State Rd 7-Suite 12
Margate, Fl. 33068

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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 *Sheldon Goldberg* *Sheldon Goldberg* 4/16/97

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME P/D Ferrera, Augustine

STREET ADDRESS 5333 Leithner Dr. W.

CITY-ST-ZIP Coral Springs, Fl 33067

TITLE DELETE

NAME VP/D Attermann, Bruce

STREET ADDRESS 5285 Whisper Dr.

CITY-ST-ZIP Coral Springs, Fl 33067

TITLE DELETE

NAME T/D Paulino, Jules

STREET ADDRESS 8000 Leithner Dr. West

CITY-ST-ZIP Coral Springs, Fl 33067

TITLE DELETE

NAME S/D Beckenstein, John

STREET ADDRESS 4661 Leithner Dr. West

CITY-ST-ZIP Coral Springs, Fl 33067

TITLE DELETE

NAME D Cal Houn, Steven

STREET ADDRESS 7525 N.W. 50th Ct.

CITY-ST-ZIP Coral Springs, Fl 33067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do 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: *Augustine Ferrera, Pres.* 4/17/97 954-7527600

AUGUSTINE FERRERA, PRESIDENT

CR2E037 (9/96)