FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # 84-130931 11628

1. Corporation Name: Whispering Woods of Coral Springs Homeowners Association, Inc. N02015

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

2. Principal Place of Business
21 c/o Phoenix Management
Suite, Apt. #, etc.
22 541 S. State Rd 7 - Suite 12
City & State
23 Margate, Fl.
Zip 24 33068 Country 25 Broward

2a. Mailing Address
26 c/o Phoenix Management
Suite, Apt. #, etc.
27 541 S. State Rd 7 - Suite 12
City & State
28 Margate, Fl. 33068
Zip 29 33068 Country 30 Broward

4. FEI Number: 59-249-4819 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	Ferrera, Augustine	
STREET ADDRESS	5333 Leitner Dr. W.	
CITY-ST-ZIP	Coral Springs, Fl 33067	
TITLE	VP/D	☐ DELETE
NAME	Attermann, Bruce	
STREET ADDRESS	5285 Whisper Dr.	
CITY-ST-ZIP	Coral Springs, Fl 33067	
TITLE	T/D	☐ DELETE
NAME	Paolino, Jules	
STREET ADDRESS	8000 Leitner Dr. West	
CITY-ST-ZIP	Coral Springs, Fl 33067	
TITLE	S/D	☐ DELETE
NAME	Beckenstein, John	
STREET ADDRESS	4661 Leitner Dr. West	
CITY-ST-ZIP	Coral Springs, Fl 33067	
TITLE	D	☐ DELETE
NAME	Cal Houn, Steven	
STREET ADDRESS	7525 N.W. 50th Ct.	
CITY-ST-ZIP	Coral Springs, Fl 33067	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	000002158740	☐ Change ☐ Addition
6.2 NAME	-04/29/97--01076--054	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

4/28/97

CP2E037 (9/96)

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: X Augustine Ferrera, Pres. — X 4/17/97 — X 954-7527600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AUGUSTINE FERRERA, PRESIDENT