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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # NO2015
1. Corporation Name
WHISPERING WOODS OF CORAL SPRINGS Homeowner Association, Inc

Principal Place of Business Mailing Address
c/o Hawk Eye Mgmt
3901 N. Federal Hwy Suite 202
BOCA RATON FL 33431
U.S.A. **SAME AS**

3. Date Incorporated or Qualified
3/1/84

4. FEI Number 59-2785413
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Sheldon Goldberg
c/o Phoenix Mgmt
541 S. State Rd 7 Suite 12
Margate FL 33068

10. Name and Address of New Registered Agent

81 Name PAUL N PATTI c/o HAWK EYE MNGT
82 Street Address (P.O. Box Number is Not Acceptable) 3901 N. FEDERAL HWY
83 SUITE 202
84 City BOCA RATON FL 85 Zip Code 33431

11. Pursuant to the provisions of Section 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 *Paul N. Patti* DATE 4/15/98
Signature typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P/D NAME Ferrera, Augustine DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D NAME Paolino, Jules DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/D NAME Atherman, Bruce DELETE
STREET ADDRESS 5285 Whisper Dr.
CITY-ST-ZIP Coral Springs FL 33067

TITLE S/D NAME Benckenstein, John DELETE
STREET ADDRESS 4661 LEITNER DRIVE W
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D NAME Calhoun, Steven DELETE
STREET ADDRESS 7525 NW 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 V/P/D BROSSARD, RICHARD
1.3 STREET ADDRESS 4800 LEITNER DRW
1.4 CITY-ST-ZIP CORAL SPRINGS FL 33067

2.1 TITLE Change Addition
2.2 NAME S/D LUBER, ROBERT
2.3 STREET ADDRESS 7685 NW 47th Drive
2.4 CITY-ST-ZIP Coral Springs FL 33067

3.1 TITLE Change Addition
3.2 NAME P/D Atherman, Bruce
3.3 STREET ADDRESS 5285 Whisper Drive
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME T/D Benckenstein, John
4.3 STREET ADDRESS 4661 LEITNER DRIVE W
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
6.2 NAME
6.3 STREET ADDRESS ***61.25
6.4 CITY-ST-ZIP

14. 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 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: *John Benckenstein* DATE 4-15-98 954-344-9822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (10/97)