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NONPROFIT CORPORATION ANNUAL REPORT 1999

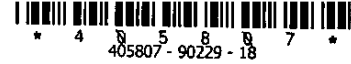


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02015

1. Corporation Name

WHISPERING WOODS OF CORAL SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O HAWK-EYE MANAGEMENT  
3901 N. FEDERAL HWY., STE. 202  
BOCA RATON FL 33431  
US

Mailing Address

C/O HAWK-EYE MANAGEMENT  
3901 N. FEDERAL HWY., STE. 202  
BOCA RATON FL 33431  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

03/16/1984

4. FEI Number

59-2484819

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

9. Name and Address of Current Registered Agent

PAUL N PATTI C/O HAWK-EYE MANAGEMENT  
3901 N. FEDERAL HWY., STE. 202  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name C/O SUNRAE MANAGEMENT SERVICES, INC.  
82 Street Address (P.O. Box or Not Applicable) 4000 N. STATE RD. 7, STE. 400A  
83 LAUDERDALE LAKES, FL 33319  
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 [Signature]

(NOTE: Registered Agent signature required when reinstating)

4/6/99

12. OFFICERS AND DIRECTORS  DELETE

TITLE VPD  
NAME BROSSARD, RICHARD  
STREET ADDRESS 4800 LEITNER DR. N.  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE PD  
NAME ATTERMANN, BRUCE  
STREET ADDRESS 5285 WHISPER DR  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE SD  
NAME LUBER, ROBERT  
STREET ADDRESS 7685 NW 47TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE TD  
NAME BEUCKENSTEIN, JOHN  
STREET ADDRESS 4661 LEITNER DRIVE W.  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D  
NAME CALHOUN, STEVEN  
STREET ADDRESS 7525 N.W. 50TH CT.  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE  
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

BENCKENSTEIN

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

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, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Treasurer 4/19/99

Date

Daytime Phone #

CR2E037 (11/98)