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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

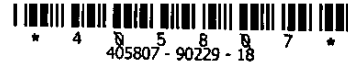
WHISPERING WOODS OF CORAL SPRINGS HOMEOWNERS ASSOCIATION, INC.

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.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 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
82 Street Address (P.O. Box or Mailing Address not acceptable) SERVICES, INC.
83 4000 N. STATE RD. 7, STE. 400A
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, typed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 BENCKENSTEIN
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

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

Date

Daytime Phone #

CR2E037 (11/98)