

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90009 043 ****61.25

DOCUMENT # N02015

1. Entity Name

WHISPERING WOODS OF CORAL SPRINGS HOMEOWNERS ASS

Principal Place of Business

SUNRAE MANAGEMENT SERVICES, INC.
 7071 WEST COMMERCIAL BLVD.
 SUITE 2B
 TAMARAC, FL 33319

Mailing Address

SUNRAE MANAGEMENT SERVICES, INC.
 7071 WEST COMMERCIAL BLVD.
 SUITE 2B
 TAMARAC, FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2484819

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUNRAE MANAGEMENT SERVICES, INC.
 7071 WEST COMMERCIAL BLVD.
 SUITE 2B
 TAMARAC, FL 33319

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Karen Busch

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: **D Johnston, Kimberly**
 STREET ADDRESS: **4700 Leitner Drive West**
 CITY-ST-ZIP: **Coral Springs, FL 33067**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE ATTERMANN 4/24/00
 Date Daytime Phone #