


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N02015		
1. Entity Name WHISPERING WOODS OF CORAL SPRINGS HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business % SUNRAE MANAGEMENT SERVICES, INC. 7071 WEST COMMERCIAL BLVD., #2B TAMARAC, FL 33319 US	Mailing Address % SUNRAE MANAGEMENT SERVICES, INC. 7071 WEST COMMERCIAL BLVD., #2B TAMARAC, FL 33319 US	
DO NOT WRITE IN THIS SPACE		



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2785413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000054271 02/16/04-80165-006 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAEFER, DENNIS 4765 LEITNER DR W CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINELLI, JAMES 7522 NW 47TH DR CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENCKENSTEIN, JOHN 4661 LEITNER DR W CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VINCIGUERRA, EUGENE 7577 NW 50TH COURT CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDOLF, ROBERT 5400 LEITNER DR W CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE:  **2/12/04** **954 733-9010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #