

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90087 020 \*\*\*\*61.25

<b>DOCUMENT # N02015</b> 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2785413	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SUNRAE MANAGEMENT SERVICES, INC. 7071 WEST COMMERCIAL BLVD., #2B TAMARAC, FL 33319				Name Street Address (P.O. Box Number is Not Acceptable) City, <span style="float: right;">FL</span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
NAME	SCHAEFER, DENNIS		NAME	<b>ELVIS NAIL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	4765 LEITNER DR W		STREET ADDRESS	<b>5505 LEITNER DRIVE WEST</b>	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARINELLI, JAMES		NAME	<b>PAMELA EPSTEIN</b>	
STREET ADDRESS	7522 NW 47TH DR		STREET ADDRESS	<b>7605 NW 51 PLACE</b>	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENCKENSTEIN, JOHN		NAME	<b>GARFIELD WRAY</b>	
STREET ADDRESS	4661 LEITNER DR W		STREET ADDRESS	<b>7668 NW 50 COURT</b>	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VINCIGUERRA, EUGENE		NAME	<b>JIM PAGANO</b>	
STREET ADDRESS	7577 NW 50TH COURT		STREET ADDRESS	<b>7772 NW 52 PLACE</b>	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUDOLF, ROBERT		NAME	<b>JOHN BENCKENSTEIN</b>	
STREET ADDRESS	5400 LEITNER DR W		STREET ADDRESS	<b>4661 LEITNER DR. WEST</b>	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Elvis Nail</i>			Date: <i>4/6/05</i> Daytime Phone #: <i>954-685-4034</i>		

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