


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90095 009 \*\*\*\*61.25

**DOCUMENT # N02015**

1. Entity Name  
**WHISPERING WOODS OF CORAL SPRINGS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**551 NW 77TH ST  
212  
BOCA RATON FL 33487  
US**

Mailing Address  
**551 NW 77TH ST  
212  
BOCA RATON FL 33487  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2785413** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SOUTH, AKAM  
551 NW 77TH ST  
STE 212  
BOCA RATON FL 33487**

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

SIGNATURE *W. Karub*  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<b>P CUSTAGE, DENNIS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7755 NW 55TH PL</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	
TITLE NAME	<b>T MORINELLI, JAMES</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7522 NW 47TH DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	
TITLE NAME	<b>D PAGANO, JIM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7772 LEITNER DRIVE WEST</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	
TITLE NAME	<b>SD VONCEGUERRA, JEAN GENE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7577 NW 50TH CT</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	
TITLE NAME	<b>P NAIL, ELVIS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7755 NW 55TH PL</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>T MARINELLI, JAMES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7522 NW 47TH DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>SD VONCEGUERRA, GENE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7577 NW 50TH CT</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **2-27-03**

CR2E037 (10/02)