

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

FILED

03 JUL -2 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# **NO2015**
1. Entity Name
**WHISPERING WOODS OF CORAL SPRINGS HOMEOWNER'S ASSOCIATION
INC**

DO NOT WRITE IN THIS SPACE

400021269994
07/02/03--01032--002 **\$1.25

2. Principal Place of Business
551 NW 77TH STREET
Suite, Apt. #, etc.
SUITE 212

3. Mailing Address
551 NW 77TH STREET
Suite, Apt. #, etc.
SUITE 212

DONOTWRITEINTHISPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
592785413

Zip
33487

Country
Palm Beach

Zip
33487

Country
Palm Beach

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
AKAM SOUTH, INC
Street Address (P.O. Box Number is Not Acceptable)
551 NW 77TH STREET
SUITE 212
City
BOCA RATON FL Zip Code
33487

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 _____ (NOTE: Registered Agent's signature is required when re-instating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$61.25
Initial or Amended UBR

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

DO NOT WRITE IN THIS SPACE

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. If 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 on an attachment with an address, with all other filers empowered.

SIGNATURE: **X** *Jim Marinelli* **Jim MARINELLI** 6/23/03 (954) 246-1262
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/01)