FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07294 (4)

1. Corporation Name

WHIPPOORWILL RUN TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business
2981 BENT PINE DR
FT PIERCE FL 34951
US

Mailing Address
P. O. BOX 1462
FT. PIERCE FL 34954
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1985
3a. Date of Last Report: 04/26/1994
4. FEI Number: 13-3552077 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. #, etc. — 22
Suite Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 — County — 25
Zip — 29 — County — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Filing for Campaign Finance (Third Party Contributor) ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS Section 501 Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. Did corporation file notify for intangible tax under F.S. 607.0127 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORNETT, JANE L.
401 E. OSCEOLA STREET
1ST FL., RIVER OAKS CENTER
34995T FL 32963

10. Name and Address of New Registered Agent

81 Name
82 (Post Office Box Number Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.0505 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS (Attach List, If Any)	
TITLE	DP	TITLE	D/P ☐ Change ☒ Addition
NAME	SPALLINA, EDWARD	NAME	Edward Spallina
STREET ADDRESS	2981 BENT PINE DRIVE	STREET ADDRESS	2981 Bent Pine Drive
CITY, ZIP	FT. PIERCE FL	CITY, STATE, ZIP	Ft. Pierce, FL 34951
TITLE	VPD	TITLE	D/V ☒ Change ☐ Addition
NAME	LEONARD, MARGE	NAME	Edward Martin
STREET ADDRESS	801 S. OCEAN DR., #901	STREET ADDRESS	2983 Bent Pine Drive
CITY, ZIP	FT. LIERCE FL	CITY, STATE, ZIP	Fort Pierce, FL 34951
TITLE	VP	TITLE	D/S ☒ Change ☐ Addition
NAME	UFNER, JOSEF	NAME	Sandra Bischoff
STREET ADDRESS	2961 BENT PINE DR	STREET ADDRESS	2971 Bent Pine Drive
CITY, ZIP	FT PIERCE FL	CITY, STATE, ZIP	Fort Pierce, FL 34951
TITLE	S	TITLE	D ☒ Change ☐ Addition
NAME	RYDER, BETH	NAME	Frank Valle
STREET ADDRESS	2965 BENT PINE DR	STREET ADDRESS	2943 Bent Pine Drive
CITY, ZIP	FT. PIERCE FL	CITY, STATE, ZIP	Fort Pierce, FL 34951
TITLE	T	TITLE	D/T ☐ Change ☒ Addition
NAME	MOYER, LINFORD F.	NAME	Linford F Moyer
STREET ADDRESS	801 S OCEAN DR, #902	STREET ADDRESS	801 S Ocean Drive, #902
CITY, ZIP	HUTCHINSON ISLAND FL	CITY, STATE, ZIP	Hutchinson Island, FL 34949
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ZIP		CITY, STATE, ZIP	

14. I hereby certify that the information contained herein, including any supplemental information, is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that the name appears in Block 12 or Block 13 hereof with my title or authorization to file with an address.

SIGNATURE: Linford F. Moyer — 4/26/95 — 407-468-4986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linford F. Moyer, Treasurer

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