

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07294

(4)

1. Corporation Name

WHIPPOORWILL RUN TOWNHOUSES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2981 BENT PINE DR
FT PIERCE FL 34951
US

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

3. Date Incorporated or Qualified
01/24/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 2961 Bent Pine Dr

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 Ft Pierce FL

24 Zip 25 Country 29 34951 30 Country

4. FEI Number
13-3552077

Applied For
☒ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORNETT, JANE L
401 E. OSCEOLA STREET
1ST FL., RIVER OAKS CENTER
34995T FL 32983

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME SPALLINA, EDWARD
STREET ADDRESS 2981 BENT PINE DRIVE
CITY-ST-ZIP FT. PIERCE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☒ DELETE
NAME MARKIN, EDWARD
STREET ADDRESS 2983 BENT PINE DRIVE
CITY-ST-ZIP FT PIERCE FL

2.1 TITLE DV ☒ Change ☒ Addition
2.2 NAME FRED STALLS
2.3 STREET ADDRESS 2995 Bent Pine Drive
2.4 CITY-ST-ZIP FT PIERCE FL

TITLE DS ☒ DELETE
NAME BISCHOFF, SANDRA
STREET ADDRESS 2971 BENT PINE DR
CITY-ST-ZIP FT PIERCE FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Joseph VFNOR
3.3 STREET ADDRESS 2967 Bent Pine Drive
3.4 CITY-ST-ZIP Ft Pierce, Florida

TITLE D ☐ DELETE
NAME VALLE, FRANK
STREET ADDRESS 2943 BENT PINE DR
CITY-ST-ZIP FT. PIERCE FL

4.1 TITLE DS ☒ Change ☐ Addition
4.2 NAME FRANK VALLE
4.3 STREET ADDRESS 2943 Bent Pine Drive
4.4 CITY-ST-ZIP FT PIERCE, FLORIDA

TITLE T ☒ DELETE
NAME MOYER, LINFORD F.
STREET ADDRESS 801 S OCEAN DR, #902
CITY-ST-ZIP HUTCHINSON ISLAND FL

5.1 TITLE DT ☐ Change ☒ Addition
5.2 NAME Charles J Giske Jr
5.3 STREET ADDRESS 2961 Bent Pine Drive
5.4 CITY-ST-ZIP FT PIERCE, FLORIDA

TITLE DP ☒ DELETE
NAME SPALLINA, EDWARD
STREET ADDRESS 2981 BENT PINE DR
CITY-ST-ZIP FT PIERCE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)