

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 10 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48612 (8)

1. Corporation Name

WHISPERING WOODS HOMEOWNERS' ASSOCIATION OF NORTH
WEST FLORIDA, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 343
MILTON FL 32572

POST OFFICE BOX 343
MILTON FL 32572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1992

3a. Date of Last Report

09/23/1994

4. FEI Number

59-3177833

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

MANFRED, DALE
4535 FOREST BREEZE CT.
PACE FL 32571

81 Name

LISA HARRISON

82

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

4535 Amblerwood Court

83

84

City PACE

FL

85

Zip Code 32571

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Lisa T. Harrison LISA T. HARRISON, TREASURER (TD)

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

(NOTE: Registered Agent signature required when resigning)

2/6/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MANFRED, DALE
STREET ADDRESS 4535 FOREST BREEZE CT.
CITY-ST-ZIP PACE FL 32571

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

PD
LeBarf, Bruce
5759 Whispering Woods Drive
Pace, FL 32571

☒ Change ☐ Addition

TITLE SD
NAME PATTERSON, RHONDA
STREET ADDRESS 4524 FOREST BREEZE CT.
CITY-ST-ZIP PACE FL 32571

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SD
Palamarchuk, Monica
5775 Whispering Woods Drive
Pace, FL 32571

☒ Change ☐ Addition

TITLE VD
NAME TEEL, SINDY
STREET ADDRESS 4530 FOREST BREEZE CT.
CITY-ST-ZIP PACE FL 32571

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD
Hill, Robert B.
5765 Whispering Woods Drive
Pace, FL 32571

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TD
Harrison, Lisa
4535 Amblerwood Ct.
Pace, FL 32571

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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 110.07(3)(b), 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: Lisa T. Harrison LISA T. HARRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95
Date

(704) 494-5351
Telephone #