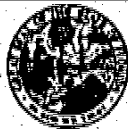


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12250 (9)

1. Corporation Name

WHISPER LAKES UNIT 7 HOMEOWNER'S ASSOCIATION, IN C.

Principal Place of Business

11642 OTTAWA AVE.
ORLANDO FL 32837-7712

Mailing Address

11642 OTTAWA AVE.
ORLANDO FL 32837-7712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2810728

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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COTTRELL, KATHERINE A
2792 WHISPER LAKES CLUB CR.
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

REBELLO, STEPHEN W

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

2767 WHISPER LAKES CLUB CR

83

84 City

ORLANDO

FL

85

Zip Code

32837

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

Stephen W. Rebello
Signature, typewriter printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-6-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

DYER, EMELDA G
11507 KEELEY CT.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD

COTTRELL, KATHERINE
2792 WHISPER LAKES CLUB CR
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

LUND, KAREN L
2692 WHISPER LAKES CLUB CR.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TD
REBELLO, STEPHEN W
2767 WHISPER LAKES CLUB CR
ORLANDO FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(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:

Stephen W. Rebello
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-95

Date

407-857-9970

Daytime Phone #