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 # N31418

(9)

WHISPERING WINDS, INC.												
Principal Place	of Business		Mailing	Mailing Address					(\$\$)(\$\B1 \$4\$ \B1 \$1\$6\$) (\$\B1	1011 91311 3 11	914 WIWIT WINII T	
POST OFFICE APOPKA FL 3				1232 WHISPERING WINDS CT. APOPKA FL 32703								
								 Date incorporated or Qualified 03/29/1989 	3a. Date of Last Report 03/09/1995			
2. Principal Pla	ace of Busin	8SS	2a. Ma	2a. Mailing Address					4. FEI Number Applied For			
21			26					59-2942995			ot Applicable	
Suite, Apt. #	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional lequired
City 8 State				City & State					6. Election Campaign Financing			May Be
City & State				28					Trust Fund Contribution			to Fees
Zip Country				Zip Cou					8. This corporation has liability for it	ly for intangible tax under s. 199.032,		
24	25			29 30					Florida Statutes			
g. Name and Address of Curren			t Register	Registered Agent				10. Name and Address of New Registered Agent				
						81	Name					
KELLEY, CHARLENE							Street	Addres	ss (P.O. Box Number is Not Acceptab	e)		
• • • • • •	ark aven											
APOPKA FL 32703												
						84	City	,		FL	85 Zip	Code
44 Dureuant t	to the provis	ions of Sections 617 0502	and 617.1	508. Florida Statuti	es, the ab	ove-n	named c	corporat	ion submits this statement for the pur	nose of ch	anging its re	gistered office
or register	ed agent, or	both, in the State of Florid	da. Such ch	iange was authoriz	ed by the	corpo	oration's	s board	of directors. I hereby accept the appo	intment as	registered	agent. I am
	th, and acce	pt the obligations of, Sect	ion 617.050	os, Fighoa Statutes	s .							
SIGNATURE .	Signature, typed	or printed name of registered agent	and title I apple	cable. (NC	OTE: Registere	d Agen	it signature	required v	vhen reinstating)	DATE		
12.	- 3	OFFICERS AN		ORS /	13		•		ADDITIONS/CHANGES TO OFF			
THLE	PD			□ OELETÉ	1.1 1	ITLE			0 4		Change	ddition
NAME		EY, CHARLES			1.2)	MAME		Jol	IN M. COOKE WINDS WHISPERING WINDS	$c\tau$		
STREET ADDRESS		/Hispering Winds C	Τ.		1.3 9	STREET	ADDRESS	1///	WHISPERING WINDS			
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NAME		GREG	_			MAME		1 (1	TI WINDY WAY			
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NAME						NAME						
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CITY-ST-ZIP					1	CITY - S			7000017: -03/07/96010 ***61.25	1850	102	
TITLE				DELETE		TITLE			ককক 01.25		☐ Change	Addition
NAME					5.2	NAME						
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TITLE				DELETE	61	TITLE					Change	Addition
NAME					6.2	NAME)*V	.12
STREET ADDRESS					6.3	\$TREE1	T ADDRESS	S				ን∖ ነ
CITY-ST-ZIP	1		*** **		6.4	CITY - S	ST-ZIP	undif 5	Atha aramatica stated in Costice 440	07/2)/(4	lorida Statut	toe I further
1 14. I do here!	by certify tha	at the information supplied	with this fili	ng is voluntarily fur	riished and	n goe	s not q	uality to	r the exemption stated in Section 119	.uz (o)(K), Fi	ionida Statul	os, i iurtiiti

4. 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). Florinda Statutes. I furner 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: /

100 ke (Pres 1996)

850-71058 Daytime Prione # CH2E037 (12/95)