

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N48612 (8)

1. Corporation Name

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



Principal Place of Business

POST OFFICE BOX 343  
MILTON FL 32572

Mailing Address

POST OFFICE BOX 343  
MILTON FL 32572

3. Date Incorporated or Qualified  
04/29/1992

3a. Date of Last Report  
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 4595 Amblerwood Ct

26 4595 Amblerwood Ct

4. FEI Number  
59-3177833

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

22 City & State  
Pace, FL

27 City & State  
Pace, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

23 Zip Country  
32571 USA

28 Zip Country  
32571 USA

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 Rogers, Richard  
82 Street Address (P.O. Box Number is Not Acceptable)  
4595 Amblerwood Court  
83  
84 City Pace FL 85 Zip Code 32571

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

*Richard D. Rogers*

4-10-96

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEBOUF, BRUCE ☒ DELETE  
STREET ADDRESS 5750 WHISPERING WOODS DRIVE  
CITY - ST - ZIP PACE FL 32571

TITLE SD  
NAME PALAMARCHOCK, MONICA ☒ DELETE  
STREET ADDRESS 5775 WHISPERING WOODS DRIVE  
CITY - ST - ZIP PACE FL 32571

TITLE VD  
NAME HILL, ROBERT B ☒ DELETE  
STREET ADDRESS 5765 WHISPERING WOODS DRIVE  
CITY - ST - ZIP PACE FL 32571

TITLE TD  
NAME HARRISON, LISA ☒ DELETE  
STREET ADDRESS 4535 AMBLEWOOD CT.  
CITY - ST - ZIP PACE FL 32571

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition  
1.2 NAME Rogers, Richard  
1.3 STREET ADDRESS 4595 Amblerwood Court  
1.4 CITY - ST - ZIP Pace, FL 32571

2.1 TITLE VD ☒ Change ☒ Addition  
2.2 NAME H. H. Mosley  
2.3 STREET ADDRESS 4571 Amblerwood Court  
2.4 CITY - ST - ZIP Pace, FL 32571

3.1 TITLE S/TD ☒ Change ☒ Addition  
3.2 NAME Joan Horton  
3.3 STREET ADDRESS 4559 Amblerwood Court  
3.4 CITY - ST - ZIP Pace, FL 32571

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME 700001831727  
5.3 STREET ADDRESS -05/21/96--01042--035  
5.4 CITY - ST - ZIP \*\*\*61.25

6.1 TITLE ☐ Change ☐ Addition  
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:

*Joan E Horton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 (904) 995-0052

Date

Daytime Phone #

CR2E037 (12/95)