

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 SEP 25 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 738152 (8)

1. Corporation Name

WHISPERING PALMS SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

10305 US 1  
SEBASTIAN FL 32958

10305 US 1  
SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/21/1977

3a. Date of Last Report  
01/24/1996

4. FEI Number

59-1752374

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRIED, GRACE V  
10305 US #1  
SEBASTIAN FL 32958

81 Name

HELEN L. FAY

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

191 MEANIE CIRCLE W.

83

84 City

SEBASTIAN

FL

85 Zip Code

32958

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

HELEN L. FAY

HELEN L. FAY, TREASURER

8-10-97

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 P  
NAME ROBERT, WATKINS  
STREET ADDRESS 118 JIMMY ST  
CITY-ST-ZIP SEBASTIAN FL

☒ DELETE

TITLE D  
NAME CAHILL, DON  
STREET ADDRESS 226-A CLIFFORD  
CITY-ST-ZIP SEBASTIAN FL

☒ DELETE

TITLE D  
NAME FLICKINGER, KEN  
STREET ADDRESS 135 SUE AVENUE  
CITY-ST-ZIP SEBASTIAN FL

☐ DELETE

TITLE V  
NAME MASSEY, DENARD  
STREET ADDRESS 166 RICHARD ST.  
CITY-ST-ZIP SEBASTIAN FL

☐ DELETE

TITLE D  
NAME DEMUY, GILLES  
STREET ADDRESS 142 EDWARD DRIVE  
CITY-ST-ZIP SEBASTIAN FL

☒ DELETE

TITLE D  
NAME CAMERON, LEROY  
STREET ADDRESS 95 JUDY AVE  
CITY-ST-ZIP SEBASTIAN FL

☒ DELETE

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

000002306510-5  
-09/29/97-01148--005  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

DIRECTOR  
NETTIE NELSON  
166 EDWARD DRIVE  
SEBASTIAN, FL. 32958

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

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

Q. ALAN  
9/25/97

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

DIRECTOR  
JAMES CARTER  
5 ISABELLE AVENUE  
SEBASTIAN, FL. 32958

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

DIRECTOR  
DONALD GAUNT  
650 KALEEN STREET  
SEBASTIAN, FL. 32958

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2037 (4/97)