

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90031 030 ****61.25

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DOCUMENT # 738152

1. Corporation Name

WHISPERING PALMS SOCIAL CLUB, INC.

Principal Place of Business

10305 US 1
SEBASTIAN FL 32958

Mailing Address

10305 US 1
SEBASTIAN FL 32958



2. Principal Place of Business

21 AS ABOVE

Suite, Apt. #, etc.

22

City & State

23 AS ABOVE

Zip

Country

24 AS ABOVE

25 INDIAN RIVER

2a. Mailing Address

26 AS ABOVE

Suite, Apt. #, etc.

27

City & State

28 AS ABOVE

Zip

Country

29 AS ABOVE

30 INDIAN RIVER

3. Date Incorporated or Qualified

02/21/1977

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

9. Name and Address of Current Registered Agent

FAY, HELEN L.
191 MEANIE CIRCLE W.
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, TREASURER

(NOTE: Registered Agent signature required when reinstating)

Helen L. Fay

1-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PHYLLIS BAKER
STREET ADDRESS 056 KIMBERLY ST
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☒ DELETE

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

TITLE VB ☒ DELETE

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

TITLE D ☒ DELETE

NAME CARTER, JAMES
STREET ADDRESS 5 ISABELLE AVENUE
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☒ DELETE

NAME GAUNT, DONALD
STREET ADDRESS 050 CARLEEN STREET
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☐ DELETE

NAME JAMES CLEARY
STREET ADDRESS 187 PHYLLIS DR
CITY-ST-ZIP SEBASTIAN FL 32958

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME ARTHUR E. FAY
1.3 STREET ADDRESS 191 MEANIE CIRCLE W.
1.4 CITY-ST-ZIP SEBASTIAN, FL. 32958

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME MITCH WALTERS
2.3 STREET ADDRESS 94 MARK ALLEN DR.
2.4 CITY-ST-ZIP SEBASTIAN, FL. 32958

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME CAROL RUSCH
3.3 STREET ADDRESS 136 ALISA DRIVE
3.4 CITY-ST-ZIP SEBASTIAN, FL. 32958

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME JANET SMITS
4.3 STREET ADDRESS 150 PHYLLIS DRIVE
4.4 CITY-ST-ZIP SEBASTIAN, FL. 32958

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME GILKES GERVAIS
5.3 STREET ADDRESS 55 BABE AVENUE
5.4 CITY-ST-ZIP SEBASTIAN, FL. 32958

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME JOHN CLEARY
6.3 STREET ADDRESS 114 PHYLLIS DRIVE
6.4 CITY-ST-ZIP SEBASTIAN, FL. 32958

14. I 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, with all other like empowered.

SIGNATURE:

ARTHUR E. FAY, REGISTERED, FAY

Date

Daytime Phone #

1-28-99 5-61-388-0425

CR2E037 (11/98)