

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N48612

1. Corporation Name

WHISPERING WOODS HOMEOWNERS' ASSOCIATION OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

4595 AMBLEWOOD CT
PACE FL 32571
US

4595 AMBLEWOOD CT
PACE FL 32571
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5765 Whispering Woods
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Pace FL 32571 Same

City & State

Pace FL

City & State

Same

Zip

32571

Country

USA

Zip

Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

04/29/1992

5. FEI Number

59-3177833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	ROGERS, RICHARD Dale Hickman	4595 AMBLEWOOD CT 5765 Whispering Woods Dr	PACE FL 32571
VP	MOSLEY, HCH Denise Hickman	4595 AMBLEWOOD CT 5765 Whispering Woods Dr	PACE FL 32571
STB	HORTON, JOAN Lisa Manfred	4595 AMBLEWOOD CT 5765 Whispering Woods Dr	PACE FL 32571

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-05/25/99--01073--003
****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROGERS, RICHARD
4595 AMBLEWOOD CT
PACE FL 32571

Lisa Manfred
5765 Whispering Woods Dr
Pace FL 32571

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Lisa A. Manfred

Date

3/4/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Lisa A. Manfred

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

850-484-3000

CR2E040 (9/98)