

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10157

Entity Name

WHISPER LAKES UNIT 5 HOMEOWNER'S ASSOCIATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90171 041 ****61.25

Principal Place of Business	Mailing Address
820 PALMWAY ST. KISSIMMEE FL 34744	820 PALMWAY ST. KISSIMMEE FL 34744 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2764647	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, VICKI WORLD OF HOMES 820 PALMWAY ST. KISSIMMEE FL 34744	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	<i>[Signature]</i>		1-26-02

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
STD MASON, CHRISTOPHER 2435 TURPIN DRIVE ORLANDO FL 32837			
VD MAGRONE, PAUL 11621 THURSTON WAY ORLANDO FL 32837			
PD GAWLIK, RON 11617 THURSTON WAY ORLANDO FL 34744		PD. GAWLIK, Ron 11617 Thurston Way Orlando, FL. 32837	
		Donald, Joyce 11522 Thurston Way Orlando, FL. 32837	

2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
	<i>[Signature]</i> Ron Gawlik	1/30/02	407-932-4777

CR2E037 (9/01)