

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12250

1. Entity Name

WHISPER LAKES UNIT 7 HOMEOWNER'S ASSOCIATION, IN C.

Principal Place of Business

11642 OTTAWA AVE.  
ORLANDO FL 32837

Mailing Address

11642 OTTAWA AVE.  
ORLANDO FL 32837

2. Principal Place of Business

215 Celebration Place

Suite, Apt. #, etc.

Suite 500

City & State

Celebration, FL

Zip

34747

Country

USA

3. Mailing Address

16 American Community Mgmt., Inc.

Suite, Apt. #, etc.

215 Celebration Pl., Suite 500

City & State

Celebration, FL

Zip

34747

Country

USA

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90080 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2810728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BISHOP, WILLIAM P  
301 E PINE ST., STE 150  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

William P. Bishop

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

215 Celebration Place

Suite 500

City

Celebration

FL

Zip Code

34747

8. 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 William P. Bishop William P. Bishop 4-23-02  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DYER, JOHN A  
STREET ADDRESS 11507 KEELEY CT.  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE VPD  
NAME MCKNIGHT, GREGORY  
STREET ADDRESS 2624 WHISPER LAKES CLUB CIRCLE  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE STD  
NAME DYER, EMELDA C  
STREET ADDRESS 11507 KEELEY CT  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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: William P. Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-02

CR2E037 (9/01)