

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00539

**FILED**  
**Mar 22, 2019**  
**Secretary of State**  
**5492098943CC**

**Entity Name:** WHISPERING OAKS CONDOMINIUM ASSOCIATION OF BREVARD, INC.

**Current Principal Place of Business:**

8500 ROSALIND AVE #7  
COCOA BEACH, FL 32932-0825

**Current Mailing Address:**

200 NORTH FIRST STREET  
COCOA BEACH, FL 32931

**FEI Number: 59-3183293**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

M.R.S. MANAGEMENT  
200 NORTH FIRST STREET  
COCOA BEACH, FL 32931 US

*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: CINDY KOLOMBO**

**03/22/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name HERSHBERGER, MEL  
Address 8500 ROSALIND AVE  
City-State-Zip: COCOA BEACH FL 32932-0825

Title DIRECTOR  
Name OSBORNE, JOHN  
Address 8500 ROSALIND AVE  
City-State-Zip: COCOA BEACH FL 32932-0825

Title PRESIDENT  
Name EVERS, THOMAS  
Address 8500 ROSALIND AVE  
City-State-Zip: COCOA BEACH FL 32932-0825

Title DIRECTOR  
Name THOMPSON, STEVE  
Address 8500 ROSALIND AVE  
City-State-Zip: COCOA BEACH FL 32932-0825

Title SECRETARY/TREASURER  
Name BENES, KURT  
Address 8500 ROSALIND AVE  
City-State-Zip: COCOA BEACH FL 32932-0825

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS EVERS**

**PRESIDENT**

**03/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date