

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00539

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

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC7687310163**

**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:**

RIGERMAN, MARILYN A  
200 N FIRST ST  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KENNEY, JOHN  
Address 3116 GAINES BASIN ROAD  
City-State-Zip: ALBION NY 14411

Title DVP  
Name CAPPS, JAMES  
Address 8500 ROSALIND AVENUE 8  
City-State-Zip: CAPE CANAVERAL FL 32920

Title D  
Name MICHAEL, WOLF  
Address 8500 ROSALIND AVENUE 2  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DST  
Name CANDY , ALTENBERGER  
Address 8500 ROSALIND AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title D  
Name ALICI, MUSA  
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: JOHN KENNEY**

**PRESIDENT**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date