

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008517

Entity Name: WHISPERING OAKS OF TAMPA CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 13, 2021
Secretary of State
1749119716CC**Current Principal Place of Business:**13752 ORANGE SUNSET DR
TAMPA, FL 33618**Current Mailing Address:**13752 ORANGE SUNSET DR
TAMPA, FL 33618 US**FEI Number: 20-4235105****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TRYBUS, RONALD H
KASS SHULER ET AL
1505 N FLORIDA AVENUE
TAMPA, FL 33602 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	TREASURER
Name	JAHNKE, RICHARD
Address	2870 SCHERER DR N STE 100
City-State-Zip:	ST. PETERSBURG FL 33716
Title	PRESIDENT
Name	THOMPSON, GEORGE RICHARD
Address	2870 SCHERER DR N STE 100
City-State-Zip:	ST. PETERSBURG FL 33716
Title	DIRECTOR
Name	BLANEY, WILLIAM RYAN
Address	2870 SCHERER DR. N. STE 100
City-State-Zip:	ST. PETERSBURG FL 33716

Title	VP
Name	BOLAND, MICHAEL
Address	2870 SCHERER DR N STE 100
City-State-Zip:	ST. PETERSBURG FL 33716
Title	SECRETARY
Name	ROBINSON, JOHN
Address	2870 SCHERER DR N STE 100
City-State-Zip:	ST. PETERSBURG FL 33716

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: MICHAEL BOLAND**VICE PRESIDENT****01/13/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date