

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008517

**Entity Name:** WHISPERING OAKS OF TAMPA CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**3881510343CC****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	P
Name	JAHNKE, RICHARD
Address	2870 SCHERER DR N STE 100
City-State-Zip:	ST. PETERSBURG FL 33716
Title	VP
Name	THOMPSON, GEORGE RICHARD
Address	2870 SCHERER DR N STE 100
City-State-Zip:	ST. PETERSBURG FL 33716
Title	DIRECTOR
Name	LODGE, CHRISTOPHER
Address	2870 SCHERER DR. N. 100
City-State-Zip:	ST. PETERSBURG FL 33716

Title	TREASURER
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: RICHARD JAHNKE****PRESIDENT****01/15/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date