FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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AND
FILED

Y-1 AM 8:50

ETARY OF STATE
LAHASSEE, FLORIDA

DOCUMENT # **739701** **(1)**

1. Corporation Name

WHISPER BAY HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2944 CORAL STRIP PKWY GULF BREEZE FL 32561-9635	2944 CORAL STRIP PKWY GULF BREEZE FL 32561-9635

3. Date Incorporated or Qualified: **07/20/1977**
3a. Date of Last Report: **05/12/1994**
4. FEI Number: **59-2543597** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GERNON, THOMAS
2944 CORAL STRIP PKWY
GULF BREEZE FL 32561-9635

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☐ Change ☒ Addition
NAME	SZYMANSKI, DAVID, J	12 NAME	WENDOLEK, CHRIS
STREET ADDRESS	2867 BAY MEADOW DR	13 STREET ADDRESS	2865 BAY MEADOW DR
CITY-ST-ZIP	GULF BREEZE FL	14 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D	21 TITLE	DIT ☒ Change ☐ Addition
NAME	GERNON, THOMAS	22 NAME	
STREET ADDRESS	2944 CORAL STRIP PKWY	23 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D/S ☒ Change ☐ Addition
NAME	WRIGHT, JAMES	32 NAME	KING, JEROME
STREET ADDRESS	2855 WHISPER BAY BLVD	33 STREET ADDRESS	2815 OAK RIDGE DRIVE
CITY-ST-ZIP	GULF BREEZE FL	34 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	T	41 TITLE	D ☒ Change ☐ Addition
NAME	AMES, TRACIE, G	42 NAME	
STREET ADDRESS	2831 WHISPER LAKE DR	43 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	P ☒ Change ☐ Addition
NAME	KENDALL, ARNOLD	52 NAME	
STREET ADDRESS	2868 BAY MEADOW DR	53 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	D ☒ Change ☐ Addition
NAME	BRANNON, MITCHELL	62 NAME	CARLSON, EMILY
STREET ADDRESS	2826 WHISPER LAKE DR	63 STREET ADDRESS	2818 WHISPER OAKS DR
CITY-ST-ZIP	GULF BREEZE FL	64 CITY-ST-ZIP	GULF BREEZE, FL 32561

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

(904)

SIGNATURE: T Gernon THOMAS E GERNON April 18, 1995 932-4522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0075080