

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739701 (1)

1. Corporation Name

WHISPER BAY HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2944 CORAL STRIP PKWY
GULF BREEZE FL 32561-9635

2944 CORAL STRIP PKWY
GULF BREEZE FL 32561-9635

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
07/20/1977

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME SZYMANSKI, DAVID, J
STREET ADDRESS 2867 BAY MEADOW DR
CITY-ST-ZIP GULF BREEZE FL

TITLE DT ☐ DELETE
NAME GERSON, THOMAS
STREET ADDRESS 2944 CORAL STRIP PKWY
CITY-ST-ZIP GULF BREEZE FL

TITLE DS ☒ DELETE
NAME KING, JEROME
STREET ADDRESS 2815 OAK RIDGE DRIVE
CITY-ST-ZIP GULF BREEZE FL

TITLE D ☒ DELETE
NAME AMES, TRACIE, G
STREET ADDRESS 2831 WHISPER LAKE DR
CITY-ST-ZIP GULF BREEZE FL

TITLE P ☐ DELETE
NAME KENDALL, ARNOLD
STREET ADDRESS 2868 BAY MEADOW DR
CITY-ST-ZIP GULF BREEZE FL

TITLE D ☐ DELETE
NAME CARLSON, EMILY
STREET ADDRESS 2818 WHISPER OAKS DR
CITY-ST-ZIP GULF BREEZE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME LEE, CLAIRE
1.3 STREET ADDRESS 2864 WHISPER BAY BLVD
1.4 CITY-ST-ZIP GULF BREEZE, FL 32561

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DS ☐ Change ☒ Addition
3.2 NAME STEWART, SALLYE
3.3 STREET ADDRESS 2866 WHISPER BAY BLVD
3.4 CITY-ST-ZIP GULF BREEZE, FL 32561

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME DORNEY, WILLIAM
4.3 STREET ADDRESS 2871 BAY HEATHER CIR
4.4 CITY-ST-ZIP GULF BREEZE, FL 32561

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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.

SIGNATURE:

Thomas Gernon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1996 (904) 932-4622
Date Daytime Phone #

CR2E037 (12/95)