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Apr 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32561-2635



3. Date Incorporated or Qualified
07/20/1977

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LEE, CLAIRE
STREET ADDRESS 2864 WHISPER BAY BLVD
CITY-ST-ZIP GULF BREEZE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

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

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DS
NAME STEWART, SALLYE
STREET ADDRESS 2866 WHISPER BAY BLVD
CITY-ST-ZIP GULF BREEZE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME DORNEY, WILLIAM
STREET ADDRESS 2871 BAU JEATJER COR
CITY-ST-ZIP GULF BREEZE FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE P
NAME KENDALL, ARNOLD
STREET ADDRESS 2866 BAY MEADOW DR
CITY-ST-ZIP GULF BREEZE FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

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

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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)

CR2E037 (9/96)