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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 739701 (1)
1. Corporation Name
WHISPER BAY HOMEOWNER'S ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 07/20/1977
4. FEI Number: 59-2543597
Applied For: Yes Not Applicable

21. Principal Place of Business: 2871 BAY HEATHER CIR, GULF BREEZE, FL 32561
22. Mailing Address: 2871 BAY HEATHER CIR, GULF BREEZE, FL 32561
23. City & State: GULF BREEZE, FL
24. Zip: 32561, Country: [blank]

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
81 Name: DORNEY, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): 2871 BAY HEATHER CIR.
83 [blank]
84 City: GULF BREEZE, FL 85 Zip Code: 32561

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: *William Dorney* DATE: 4-19-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, CLAIRE	
STREET ADDRESS	2864 WHISPER BAY BLVD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GERNON, THOMAS	
STREET ADDRESS	2944 CORAL STRIP PKWY	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STEWART, SALLYE	
STREET ADDRESS	2868 WHISPER BAY BLVD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORNEY, WILLIAM	
STREET ADDRESS	2871 BAY HEATHER COR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KENDALL, ARNOLD	
STREET ADDRESS	2868 BAY MEADOW DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KIRBY, DOUGLAS	
1.3 STREET ADDRESS	3044 CORAL STRIP PKWY	
1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERTSON, MICHAEL	
2.3 STREET ADDRESS	2843 WHISPER BAY BLVD	
2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KENDALL, ARNOLD	
5.3 STREET ADDRESS	2868 BAY MEADOW DR	
5.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	COMBEE, SHARON	
6.3 STREET ADDRESS	2820 WHISPER BAY BLVD	
6.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	

14. I 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.

SIGNATURE: *William Dorney* DATE: 4-19-98
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Daytime Phone # 0776632

CR2E037 (10/97)