


FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 739701					
1. Corporation Name WHISPER BAY HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 2871 BAYHEATHER CIR GULF BREEZE FL 32561-9635 US			Mailing Address 2871 BAYHEATHER CIR GULF BREEZE FL 32561-9635 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number: 59-2543597	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DORNEY, WILLIAM 2871 BAY HEATHER CIR GULF BREEZE FL 32561-9635				10. Name and Address of New Registered Agent			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR/TREASURER		
NAME	KIRBY, DOUGLAS			1.2 NAME	KENT ERENETER		
STREET ADDRESS	3044 CORAL STRID PKWY			1.3 STREET ADDRESS	2820 WHISPER BAY DR.		
CITY-ST-ZIP	GULF BREEZE FL 32561			1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	ROBERTSON, MICHAEDL			2.2 NAME			
STREET ADDRESS	2843 WHISPER BAY BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	STEWART, SALLYE			3.2 NAME			
STREET ADDRESS	2866 WHISPER BAY BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL			3.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	DORNEY, WILLIAM			4.2 NAME			
STREET ADDRESS	2871 BAU JEATJER COR			4.3 STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561			4.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		5.1 TITLE			
NAME	KENDALL, ARNOLD			5.2 NAME			
STREET ADDRESS	2868 BAY MEADOW DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE			
NAME	COMBEE, SHARON			6.2 NAME			
STREET ADDRESS	2820 WHISPER BAY BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)