

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 739701**

1. Entity Name

**WHISPER BAY HOMEOWNER'S ASSOCIATION, INC.**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90076 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2871 BAYHEATHER CIR  
 GULF BREEZE FL 32561-9635  
 US

2871 BAYHEATHER CIR  
 GULF BREEZE FL 32561  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2543597**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORNEY, WILLIAM**  
 2871 BAY HEATHER CIR  
 GULF BREEZE FL 32561-9635

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	EPENETER, KENT	
STREET ADDRESS	2820 WHISPER OAKS DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, MICHAEDL	
STREET ADDRESS	2843 WHISPER BAY BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	STEWART, SALLYE	
STREET ADDRESS	2866 WHISPER BAY BLVD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DORNEY, WILLIAM	
STREET ADDRESS	2871 BAU JEATJER COR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KENDALL, ARNOLD	
STREET ADDRESS	2868 BAY MEADOW DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMBEE, SHARON	
STREET ADDRESS	2820 WHISPER BAY BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 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 #

*[Handwritten Signature]* **REQUIRE KENT EPEETER** 2/18/00

CR2E037 (9/99)