

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90049 004 \*\*\*\*61.25

**DOCUMENT # 739701**

1. Entity Name  
**WHISPER BAY HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**2954 CORAL STRIP PARKWAY  
 GULF BREEZE FL 32563  
 US**

Mailing Address  
**2954 CORAL STRIP PARKWAY  
 GULF BREEZE FL 32563  
 US**

2. Principal Place of Business  
**2849 Whisper Bay Blvd**

3. Mailing Address  
**2849 Whisper Bay Blvd**

Suite, Apt. #, etc.

City & State  
**Gulf Breeze 71**

City & State  
**Gulf Breeze 71**

Zip  
**32563**

Country  
**Santa Rosa**

Zip  
**32563**

Country  
**Santa Rosa**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**KITZEL, SANDRA  
 2954 CORAL STRIP PARKWAY  
 GULF BREEZE FL 32563**

4. FEI Number  
**59-2543597**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
**Blaine Ruhbusch**

Street Address (P.O. Box Number is Not Acceptable)  
**2849 Whisper Bay Blvd**

City  
**Gulf Breeze**

Zip Code  
**FL 32563**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Blaine Ruhbusch** **Daniel Ruhbusch** **19 Feb 04**

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 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBERTA, ERNEST <del>2824 WHISPER BAY BLVD</del> <b>2849 whisper Bay Blvd.</b> GULF BREEZE FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, MICHAEL 2843 WHISPER BAY BLVD GULF BREEZE FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <del>SANDRA, KITZEL</del> <del>2954 CORAL STRIP PARKWAY</del> GULF BREEZE FL 32563 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORNEY, WILLIAM <del>2871 BAY HEATHER CIR</del> GULF BREEZE FL 32563 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, ARNOLD 2868 BAY MEADOW DR GULF BREEZE FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, AL 2936 CORAL STRIP PKY GULF BREEZE FL 32563 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Danice Welman 3044 Coral strip Pkwy Gulf Breeze, 71 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Blaine Ruhbusch 2849 whisper Bay Blvd Gulf Breeze, 71 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Mbr. Shannon Giovanini 2944 Coral strip Pkwy Gulf Breeze, 71 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Mbr. Gary Peterson 2814 Whisper Oaks Dr. Gulf Breeze, 71 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Blaine Ruhbusch** **Blaine Ruhbusch** **19 Feb 04** **850-934-8945**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #