FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744007 (6)

1. Corporation Name

WHIPPOORWILL LAKES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
980 WHIPPOORWILL TRAIL W PALM BCH FL 33411	980 WHIPPOORWILL TRAIL W PALM BCH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2175457 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ACKERMAN, ROBIN
624 WHIPPOORWILL TERRACE
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name: Louis Caplan, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): ST. JOHN, KING & DICKER
83: 500 Australian Ave. So., Ste. 600
84 City: West Palm Beach, FL 33401 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/18/95
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	1.1 TITLE	President/D	☒ Change ☐ Addition
NAME	KOLSHAK, MAX	1.2 NAME	Jay French	
STREET ADDRESS	800 WHIPPOORWILL TRAIL	1.3 STREET ADDRESS	969 Whippoorwill Trail	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	W.Palm Beach, FL. 33411	
TITLE	VS	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ACKERMAN, ROBIN	2.2 NAME	Robin, Ackerman	
STREET ADDRESS	624 WHIPPOORWILL TERRACE	2.3 STREET ADDRESS	624 Whippoorwill Terrace	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	W.Palm Beach, FL. 33411	
TITLE	VD	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	GIRTEN, KERRY	3.2 NAME	Sharon Leonard	
STREET ADDRESS	828 WHIPPOORWILL TERRACE	3.3 STREET ADDRESS	999 Whippoorwill Terrace	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	W.Palm Beach, FL 33411	
TITLE	PD	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SHERMAN, MATTHEW	4.2 NAME	Ruth French	
STREET ADDRESS	804 WHIPPOORWILL TERRACE	4.3 STREET ADDRESS	969 Whippoorwill Trail	
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	W.Palm Beach, FL. 33411	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	DRAKE, JACOB	5.2 NAME	Gary Zaniewski	
STREET ADDRESS	799 WHIPPOORWILL ROW	5.3 STREET ADDRESS	970 Whippoorwill Trail	
CITY-ST-ZIP	W. PALM BEACH FL	5.4 CITY-ST-ZIP	W.Palm Beach, FL. 33411	
TITLE	TD	6.1 TITLE	D	☐ Change ☐ Addition
NAME	PRICE, FRANK	6.2 NAME	Chris Smith	
STREET ADDRESS	806 WHIPPOORWILL TERRACE	6.3 STREET ADDRESS	629 Whippoorwill Row	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	W.Palm Beach FL. 33411	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ruth S. French Ruth S. French 4/16/95 407-793-1227
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

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