

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 744007 (6)  
1. Corporation Name

WHIPPOORWILL LAKES PROPERTY OWNERS' ASSOCIATION,  
INC.



Principal Place of Business

Mailing Address

13857 WELLINGTON TRACE  
SUITE D1  
W PALM BCH FL 33411

13857 WELLINGTON TRACE  
SUITE D1  
W PALM BCH FL 33411

3. Date Incorporated or Qualified  
08/22/1978

3a. Date of Last Report  
04/24/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 12765 W. Forest Hill Blvd

26 Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1302

27 City & State

City & State

28 Zip

Country

23 Wellington, FL

29 Zip

Country

24 33414

25 USA

29 Zip

Country

10. Name and Address of New Registered Agent

NELSON, MICHAEL H  
13857 WELLINGTON TRACE  
SUITE D1  
W PALM BCH FL 33411

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
12765 W. Forest Hill Blvd

83 Suite 1302

84 City Wellington

85 Zip Code  
FL 33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS           | CITY - ST - ZIP    | DELETE                   |
|-------|-----------------|--------------------------|--------------------|--------------------------|
| PD    | FRENCH, JAY     | 969 WHIPPOORWILL TRAIL   | WEST PALM BEACH FL | <input type="checkbox"/> |
| VD    | ACKERMAN, ROBIN | 624 WHIPPOORWILL TERRACE | W. PALM BEACH FL   | <input type="checkbox"/> |
| TD    | LEONARD, SHARON | 999 WHIPPOORWILL TERR    | W. PALM BEACH FL   | <input type="checkbox"/> |
| SD    | FRENCH, RUTH    | 969 WHIPPOORWILL TRAIL   | W. PALM BEACH FL   | <input type="checkbox"/> |
| D     | ZANIEWSKI, GARY | 970 WHIPPOORWILL TRAIL   | W. PALM BEACH FL   | <input type="checkbox"/> |
| D     | SMITH, CHRIS    | 629 WHIPPOORWILL ROW     | WEST PALM BEACH FL | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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)(k), 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:

Jay French President

4/24/95

Date

Daytime Phone