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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State
1999		DIVISION OF CORPORATIONS
DOCUMENT # 744007 ✓		
1. Corporation Name		
WHIPPOORWILL LAKES PROPERTY OWNERS' ASSOCIATION, INC.		
Principal Place of Business	Mailing Address	
12765 W. FOREST HILL BLVD SUITE 1302 WELLINGTON FL 33414 US	12765 W. FOREST HILL BLVD SUITE 1302 WELLINGTON FL 33414 US	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1978	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2175457	Applied For Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	Country	28. Zip	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. 25.		29. 30.		9. Name and Address of Current Registered Agent	
NELSON, MICHAEL H 12765 W. FIOREST HILL BLVD SUITE 1302 WELLINGTON FL 33414				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number Is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	FL

I, _____, Secretary of the above-named corporation, hereby certify that the foregoing is a true and correct copy of the statement required by Section 617.0503, Florida Statutes.

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.

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	Rathbun, Keith V, Director
NAME	PEARCE, GLEN	1.2 NAME	788 Whipoorwill Way
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	1.3 STREET ADDRESS	WPB, FL 33111
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	Walker, Terry, Director
NAME	DUICH, JACK	2.2 NAME	12765 W Forest Hill Blvd #1302
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	2.3 STREET ADDRESS	Wellington, FL
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Kolshak, Max - Treas. D
NAME	SMITH, BURT	3.2 NAME	800 Whipoorwill Trail
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	3.3 STREET ADDRESS	WPB, FL 33411
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	SHERMAN, MATTHEW	4.2 NAME	7000002963377-6
STREET ADDRESS	12765 W FOREST HILL BLVD. #1302	4.3 STREET ADDRESS	-08/18/99--01068--005
CITY-ST-ZIP	WELLINGTON FL 33414	4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	5.1 TITLE	
NAME	ZANIEWSKI, GARY	5.2 NAME	
STREET ADDRESS	970 WHIPPOORWILL TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	NELSON, MICHAEL	6.2 NAME	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	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 its 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

4/15/55

561-753-7266

KE