

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 # **763434** (8)

1. Corporation Name
WHISPERING OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 35142 WHISPERING OAKS BLVD, RIDGE MANOR FL 33525 US
Mailing Address: 35096 WHISPERING OAKS BLVD, RIDGE MANOR FL 33525

3. Date Incorporated or Qualified: 05/25/1982
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2392285	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MURPHY, JAMES T JR
35008 WHISPERING OAKS BLVD
RIDGE MANOR 33525

81 Name: STENDER, ROBERT L.
82 Street Address (P.O. Box Number is Not Acceptable): 6044 Beechwood Dr.
83
84 City: Ridge Manor FL 85 Zip Code: 33525

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: Robert L. Stender (Signature) Robert L. Stender (Typed Name) 03-15-96 (Date)
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JAMES T JR	1.2 NAME	
STREET ADDRESS	35008 WHISPERING OAKS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGE MANOR FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, ANNE	2.2 NAME	BYERS, ANNE N.
STREET ADDRESS	34426 CEDARFIELD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGE MANOR FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENDER, ROBERT	3.2 NAME	STENDER, ROBERT L.
STREET ADDRESS	6044 BEECHWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGE MANOR FL	3.4 CITY-ST-ZIP	
TITLE	I	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCREERY, D. JOYE	4.2 NAME	BIRCHILL, THEODORE J.
STREET ADDRESS	34515 CEDARFIELD DR.	4.3 STREET ADDRESS	34487 Cedarfield Dr.
CITY-ST-ZIP	RIDGE MANOR FL	4.4 CITY-ST-ZIP	Ridge Manor, FL 33525
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, J ELLIS	5.2 NAME	
STREET ADDRESS	35046 SMOKE TREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGE MANOR FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, DORRIS	6.2 NAME	HANSCHU, LURA F.
STREET ADDRESS	34466 CEDARFIELD DR	6.3 STREET ADDRESS	34379 Whispering Oaks Blvd.
CITY-ST-ZIP	RIDGE MANOR FL	6.4 CITY-ST-ZIP	Ridge Manor, FL 33525

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: D. Joye M. Creery (Signature) D. Joye M. Creery (Typed Name) 03-15-96 (Date) 352-583-5220 (Daytime Phone #)

CR2E037 (12/95)