

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33523-9417
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3. Date Incorporated or Qualified 05/25/1982	3a. Date of Last Report 03/20/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 35142 Whispering Oaks Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33523	Country 25
Country 25	Zip 29
Country 25	Country 30

4. FEI Number 59-2392285	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**STENDER, ROBERT L.
6044 BEECHWOOD DRIVE
RIDGE MANOR 33525**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code FL 33523
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIRCHILL, THEODORE J.		1.2 NAME	
STREET ADDRESS 34487 CEDARFIELD DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BYERS, ANNE N.		2.2 NAME	
STREET ADDRESS 34426 CEDARFIELD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STENDER, ROBERT		3.2 NAME	
STREET ADDRESS 6044 BEECHWOOD DR		3.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCREERY, D. JOYE		4.2 NAME	
STREET ADDRESS 34515 CEDARFIELD DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		4.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEVENSON, J ELLIS		5.2 NAME	D Gale E. Fitzwater
STREET ADDRESS 35046 SMOKE TREE LANE		5.3 STREET ADDRESS	35139 Whispering Oaks Blvd.
CITY-ST-ZIP RIDGE MANOR FL		5.4 CITY-ST-ZIP	Ridge Manor, FL 33523
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANSCHU, LURA F.		6.2 NAME	VPD
STREET ADDRESS 34379 WHISPERING OAKS BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP RIDGE MANOR FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CR2E037 (9/96)