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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33523 US	Mailing Address 35142 WHISPERING OAKS BLVD RIDGE MANOR FL 33525 US
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3. Date Incorporated or Qualified
05/25/1982

4. FEI Number
59-2392285

Applied For
 Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. 33523 Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

STENDER, ROBERT L.
6044 BEECHWOOD DRIVE
RIDGE MANOR 33523

10. Name and Address of New Registered Agent

81 Name **Lura F. Hanschu**

82 Street Address (P.O. Box Number is Not Acceptable)
34379 Whispering Oaks Blvd.

83

84 City **Ridge Manor** **FL** 85 Zip Code **33523**

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 *Lura F. Hanschu* DATE **4-6-98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIRCHILL, THEODORE J. 34487 CEDARFIELD DRIVE RIDGE MANOR FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VPJ WALLS, HENRY O. 34440 CEDARFIELD DRIVE RIDGE MANOR, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BYERS, ANNE N. 34426 CEDARFIELD DR RIDGE MANOR FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D VASQUEZ, JOANNE 34401 CEDARFIELD DRIVE RIDGE MANOR, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STENDER, ROBERT 6044 BEECHWOOD DR RIDGE MANOR FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D RUSK, RUSSELL J. 34474 CEDARFIELD DRIVE RIDGE MANOR, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCCREERY, D. JOYE 34515 CEDARFIELD DR. RIDGE MANOR FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FITZWATER, GALE E. 35139 WHISPERING OAKS BLVD RIDGE MANOR FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HANSCHU, LURA F. 34379 WHISPERING OAKS BLVD RIDGE MANOR FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 McCreery* **D. JOYE MCCREERY** 04/06/98 352-583-5220

CR2E037 (10/97)