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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

03-02-1999 90124 041 \*\*\*\*61.25

DOCUMENT # 763434

1. Corporation Name

WHISPERING OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.

147903 90124 041

Principal Place of Business

35142 WHISPERING OAKS BLVD  
RIDGE MANOR FL 33523  
US

Mailing Address

35142 WHISPERING OAKS BLVD  
RIDGE MANOR FL 33525  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/25/1982  
4. FEI Number  
59-2392285

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LURA F HANSCHU  
34379 WHISPERING OAKS BLVD  
RIDGE MANOR 33523

81 Name  
Dean J. McDonald

82 Street Address (P.O. Box Number is Not Acceptable)  
34485 Cedarfield Drive

84 City  
Ridge Manor

85 Zip Code  
FL 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 Dean J. McDonald, President

*Dean J. McDonald*

2-8-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  DELETE  
NAME WALLS, HENRY O  
STREET ADDRESS 34440 CEDARFIELD FIELD  
CITY-ST-ZIP RIDGE MANOR FL 33523

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME BYERS, ANNE N.  
STREET ADDRESS 34426 CEDARFIELD DR  
CITY-ST-ZIP RIDGE MANOR FL

2.1 TITLE  Change  Addition  
2.2 NAME SD  
2.3 STREET ADDRESS Marrino, Rae Carol A.  
2.4 CITY-ST-ZIP 34359 Whispering Oaks Blvd.  
Ridge Manor, FL 33523

TITLE D  DELETE  
NAME VASQUEZ, JOANNE  
STREET ADDRESS 34401 CEDARFIELD DR  
CITY-ST-ZIP RIDGE MANOR FL 33523

3.1 TITLE  Change  Addition  
3.2 NAME D  
3.3 STREET ADDRESS Guest, Edith M.  
3.4 CITY-ST-ZIP 34421 Cedarfield Drive  
Ridge Manor, FL 33523

TITLE T  DELETE  
NAME MCCREERY, D. JOYE  
STREET ADDRESS 34515 CEDARFIELD DR.  
CITY-ST-ZIP RIDGE MANOR FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 33523

TITLE D  DELETE  
NAME RUSK, RUSSELL J  
STREET ADDRESS 34474 CEDARFIELD DR  
CITY-ST-ZIP RIDGE MANOR FL 33523

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME HANSCHU, LURA F.  
STREET ADDRESS 34379 WHISPERING OAKS BLVD  
CITY-ST-ZIP RIDGE MANOR FL

6.1 TITLE  Change  Addition  
6.2 NAME PD  
6.3 STREET ADDRESS McDonald, Dean J.  
6.4 CITY-ST-ZIP 34485 Cedarfield Drive  
Ridge Manor, FL 33523

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, with all other like empowered.

SIGNATURE: D. Joye McCreery, Treasurer

*D. Joye McCreery* 02/03/99

352-583-5220  
Daytime Phone #

CR2E037 (1/98)