

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90109 013 ****61.25

DOCUMENT # 763434

1. Entity Name

WHISPERING OAKS ESTATES HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

**35142 WHISPERING OAKS BLVD
 RIDGE MANOR FL 33523
 US**

**35142 WHISPERING OAKS BLVD
 RIDGE MANOR FL 33523-8961
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2392285

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, DEAN J
 34485 CEDARFIELD DRIVE
 RIDGE MANOR FL 33523**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Dean J. McDonald

March 22, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WALLS, HENRY O	
STREET ADDRESS	34440 CEDARFIELD FIELD	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARRINO, RAE CAROL A	
STREET ADDRESS	34359 WHISPERING OAKS BLVD.	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUEST, EDITH M	
STREET ADDRESS	34421 CEDARFIELD DRIVE	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCREERY, D. JOYE	
STREET ADDRESS	34515 CEDARFIELD DR.	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSK, RUSSELL J	
STREET ADDRESS	34474 CEDARFIELD DR	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDONALD, DEAN J	
STREET ADDRESS	34485 CEDARFIELD DRIVE	
CITY-ST-ZIP	RIDGE MANOR FL 33523	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty A. Johnson	
STREET ADDRESS	35076 Smoke Tree Lane	
CITY-ST-ZIP	Ridge Manor, FL 33523	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvonne T. Rice	
STREET ADDRESS	34448 Cedarfield Drive	
CITY-ST-ZIP	Ridge Manor, FL 33523	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Walls	
STREET ADDRESS	34440 Cedarfield Drive	
CITY-ST-ZIP	Ridge Manor, FL 33523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. Joye McCreey, Joyel McCreey, Treasurer March 22, 2000 352-583-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)