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Feb 25, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J36028

1. Corporation Name

WHIPPOORWILL HOMEOWNERS, INC.

Principal Place of Business

10032 LK WHIPPOORWILL CT
ORLANDO FL 32832-3045
US

Mailing Address

10032 LK WHIPPOORWILL CT
ORLANDO FL 32832-3045
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1986

4. FEI Number

59-2746452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 WHIPPOORWILL HOMEOWNERS INC

2a. Mailing Address

21 Suite, Apt. #, etc.

22 10032 LK WHIPPOORWILL CT
City & State

27 Suite, Apt. #, etc.

23 ORLANDO FL
Zip Country

28 City & State

24 32832 25 ORANGE

29 Zip Country

9. Name and Address of Current Registered Agent

O'HANLON, PENNY
10032 LAKE WHIPPOORWILL COURT
ORLANDO FL 32832

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEVLIN, WM E
STREET ADDRESS 10049 LAKE WHIPPOORWILL COURT
CITY-ST-ZIP ORLANDO FL 32832

☐ DELETE

TITLE STD
NAME O'HANLON, PENNY
STREET ADDRESS 10032 LAKE WHIPPOORWILL
CITY-ST-ZIP ORLANDO FL 32832

☐ DELETE

TITLE VPD
NAME BEENY, GEORGE
STREET ADDRESS 10049 LAKE WHIPPOORWILL
CITY-ST-ZIP ORLANDO FL 32832

☐ DELETE

TITLE D
NAME KOHLMANN, PETER J
STREET ADDRESS 10020 LK WHIPPOORWILL CT
CITY-ST-ZIP ORLANDO FL 32832

☐ DELETE

TITLE D
NAME BELL, EVELYN
STREET ADDRESS 10061 LAKE WHIPPOORWILL CT
CITY-ST-ZIP ORLANDO FL 32832

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)