

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00539

FILED
May 06, 2009
Secretary of State

Entity Name: WHISPERING OAKS CONDOMINIUM ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business:

8500 ROSALIND AVE #7
PO BOX 320825
COCOA BEACH, FL 329320825

New Principal Place of Business:

8500 ROSALIND AVE #7
COCOA BEACH, FL 329320825

Current Mailing Address:

8500 ROSALIND AVE #7
PO BOX 320825
COCOA BEACH, FL 329320825

New Mailing Address:

200 NORTH FIRST STREET
COCOA BEACH, FL 32931

FEI Number: 59-3183293 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIGERMAZ, MARILYN A
200 N FIRST ST
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

RIGERMAN, MARILYN A
200 N FIRST ST
COCOA BEACH, FL 32931 US

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: MARILYN A. RIGERMAN

05/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'NEAL, JONINA
Address: 8500 RIDGEWOOD AVE 8
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD (X) Delete
Name: CURCIO, PENNY
Address: 8500 RIDGEWOOD AVE 3
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD () Delete
Name: WOOD, TERRY
Address: P.O. BOX 331
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KENNEY, JOHN
Address: 3116 GAINES BASIN ROAD
City-St-Zip: ALBION, NY 14411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: WOOD, TERRY
Address: 8500 ROSALIND AVENUE 6
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KENNEY

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date