## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04832

Entity Name: WHISPERING OAKS OWNERS' ASSOCIATION, INC.

Apr 25, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

C/O BRUCE MCFARLANE C/O PHILIP QUINN

429 WHISPERING OAKS CT 417 WHISPERING OAKS CT SARASOTA, FL 34232 SARASOTA, FL 34232

**Current Mailing Address:** New Mailing Address:

**BRUCE MCFARLANE** PHILIP QUINN

429 WHISPERING OAKS CT 417 WHISPERING OAKS CT SARASOTA, FL 34232 SARASOTA, FL 34232 US US

FEI Number: 59-2438106 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MCFARLANE, BRUCE QUINN, PHILIP 417 WHISPERING OAKS CT 429 WHISPERING OAKS CT SARASOTA, FL 34232 SARASOTA, FL 34232

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: PHILIP QUINN 04/25/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

SARASOTA, FL 34232

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

GLUER, MARLIES GLUCK, MARLIES Name: Name: 832 WHISPERING OAKS CT. Address: 332 WHISPERING OAKS CT. Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

Title: () Delete Title: (X) Change ( ) Addition

STARRETT, TRACEY Name: QUINN, FRANCESCA Name: Address: 123 WHISPERING OAKS CT Address: 417 WHISPERING OAKS CT City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

Title: 2VP (X) Delete Title: () Change () Addition

CALLAGHAN, GLENN Name: Name: 208 WHISPERING OAKS CT Address: Address:

(X) Change ( ) Addition Title: SD () Delete Title: SD Name: WILSON, RON Name: KENEIPP, RHONDA

220 WHISPERING OAKS CT. 333 WHISPERING OAKS CT. Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

Title: () Delete Title: (X) Change ( ) Addition

MCFARLANE, BRUCE QUINN, PHILIP Name: Name:

429 WHISPERING OAKS CT 417 WHISPERING OAKS CT Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: PHILIP QUINN TD 04/25/2004