

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008517

1. Entity Name
WHISPERING OAKS OF TAMPA CONDOMINIUM
ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 15 AM 9:01

Principal Place of Business
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-5044

Mailing Address
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-5044

08/19/08 01019 007 35.00

2. Principal Place of Business - No P.O. Box #

13752 Orange Sunset Dr.
Suite, Apt. #, etc.

3. Mailing Address

13752 Orange Sunset Dr.
Suite, Apt. #, etc.

08012008 Chg-NP CR2E037 (12/06)

City & State
Tampa, Florida
Zip
33618
Country
USA

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Tampa, Florida
Zip
33618
Country
USA

4. FEI Number
20-4235105
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

James W. Hart, Jr.
2180 W. State Road 434
Suite 5000
Longwood, FL 32779-5044

7. Name and Address of New Registered Agent

Name Ronald H. Trybus
Street Address (P.O. Box Number is Not Acceptable)
KASS SHULER ET AL
1505 N. Florida Avenue
City Tampa FL Zip Code 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ronald H. Trybus, Attorney*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

08/15/08
DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BOLAND, MIKE
STREET ADDRESS 2565 CEDAR CYPRESS CT
CITY-ST-ZIP TAMPA, FL 33618

TITLE VPD ☒ Delete
NAME MATHEWS, OWEN
STREET ADDRESS 3822 W 12TH AVE
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition
NAME Kreider, William
STREET ADDRESS 13724 Orange Sunset Dr.
CITY-ST-ZIP Tampa, FL 33618

TITLE S/T ☐ Change ☒ Addition
NAME Russell, Dave
STREET ADDRESS 13744 Orange Sunset Dr.
CITY-ST-ZIP Tampa, FL 33618

TITLE D ☐ Change ☒ Addition
NAME Green, Melissa
STREET ADDRESS 13735 Juniper Blossom Dr.
CITY-ST-ZIP Tampa, FL 33618

TITLE D ☐ Change ☒ Addition
NAME Hathaway, Wade
STREET ADDRESS 13753 Juniper Blossom Dr.
CITY-ST-ZIP Tampa, FL 33618

TITLE ☐ Change ☐ Addition
NAME 300134530293
STREET ADDRESS 08/19/08--01019--007 **35.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 300134530293
STREET ADDRESS 09/17/08--01008--001 **26.00
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #