2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90148 042 ****61.25

DOCUMENT # N13970

1. Entity Name

WHISPERING LAKES H.A. OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
~~2753 SR 580~~ ~~SUITE 207~~ ~~CLEARWATER FL 33761~~	~~C/O PROGRESSIVE MANAGEMENT~~ ~~2753 SR 580 SUITE 207~~ ~~CLEARWATER FL 33761~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1050 A EASTLAKE WOODLANDS	1050 A EASTLAKE WOODLANDS
Suite, Apt. #, etc. PARKWAY	Suite, Apt. #, etc. PARKWAY
City & State OLDSMAR FL	City & State OLDSMAR FL
Zip 34677 Country	Zip 34677 Country

4. FEI Number 59-2829090 ☐ 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
REARDON, MAUREEN C ~~2753 SR 580~~ ~~207~~ ~~CLEARWATER FL 33761~~	Name DOMINICK SCANNAVINO Street Address (P.O. Box Number is Not Acceptable) 1050 A EASTLAKE WOODLANDS PKWY City OLDSMAR FL Zip Code 34677

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 Dominick Scannavino

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOSMAN, DICK 391 WHISPERING LAKES BLVD TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MADALVANOS, GEORGIA 575 MANISHA PLACE TARPON SPRINGS FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KELLEY CHIAVAROLI 551 MANISHA PLACE TARPON SPRINGS FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, CHUCK 435 WHISPERING LAKES BLVD TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: RICHARD A BOSMAN, PRES. 4-22-02 727-789-1284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #