

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20749 (0)
1. Corporation Name
WHISPERING WOODS MAINTENANCE ASSOCIATION, INC.



Principal Place of Business: **5975 N. FEDERAL HIGHWAY, SUITE #243 FT LAUDERDALE FL 33308**
Mailing Address: **5975 N. FEDERAL HIGHWAY, SUITE #243 FT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified: **05/20/1987**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

4. FEI Number 65-0002516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOSCO, CHARLES J. 1815 E COMMERCIAL BLVD SUITE 102 FT LAUDERDALE FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOSCO, CHARLES J.			1.2 NAME			
STREET ADDRESS	5975 N. FEDERAL HIGHWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOSCO, JANE			2.2 NAME			
STREET ADDRESS	5975 N. FEDERAL HIGHWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERTNOLLI, BRENDA			3.2 NAME			
STREET ADDRESS	5975 N. FEDERAL HIGHWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOSCO, STEPHEN M.			4.2 NAME			
STREET ADDRESS	5975 N. FEDERAL HIGHWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen M. Bosco DATE: 2/29/96 DAYTIME PHONE #: 954-771-6868

CR2E037 (12/95)