## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

2/29/96 954-771-6868

1996

SIGNATURE:

(0)

DOCUMENT #

1. Corporation Name WHISPERING WOODS MAINTENANCE ASSOCIATION, INC.

Principai Place	OF BUSINESS	Mailing Address					
5975 N. FEDER FT LAUDERDA	RAL HIGHWAY. SUITE #243 LE FL 33308	5975 N. FEDERAL HIGHWA FT LAUDERDALE FL <b>3330</b>		43			
					3. Date Incorporated or Qualified 05/20/1987	3a. Date of L 01/27	
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number		Applied For
1		26			65-0002516		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional
2		27					ee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Zip	Country Zip		Country 30		This corporation has liability for intangible tax under s. 199.032,     Florida Statutes		
4 25 29 9. Name and Address of Current Registered Agent			30			New Registered Agent	
	5. Hanne and Address of Carron	riogiotorou rigant	81	Name		<u> </u>	
BOSCO -	CHARLES J.				/D.C. Dan March and March Assessment	<u> </u>	
	COMMERCIAL BLVD		82	Street Add	ress (P.O. Box Number is Not Acceptable	3)	
SUITE 10			83				
	ERDALE FL					тт	Zin Coats
			84	City		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above-r	amed corpo	ration submits this statement for the purp	ose of changing	its registered office
or register	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	<ul> <li>a. Such change was authorized</li> </ul>	by the corp	oration's boa	and of directors. I hereby accept the appoint	intment as registe	red agent. I am
SIGNATURE _							
	Signature, typed or printed name of registered agent end title if applicable (NOTE:  OFFICERS AND DIRECTORS		: Registered Agen	t signat ire require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PD OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/OFFAINGES TO OFFI	Char	
TITLE	BOSCO, CHARLES J.	Doctric	1.2 NAME				
NAME	5975 N. FEDERAL HIGHWAY		1.3 STREET	ADDDECC			
STREET ADDRESS	FT LAUDERDALE FL		1.4 CITY-S				
CITY-ST-ZIP TITLE	VD	DELETE	21 TITLE			☐ Char	nge 🔲 Addition
NAME	BOSCO, JANE		22 NAME				
STREET ADDRESS	5975 N. FEDERAL HIGHWAY		2 3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 CITY-ST-ZIP				
TITLE	STD		3.1 TITLE			☐ Char	nge 🔲 Addition
NAME	BERTNOLLI, BRENDA	J	3.2 NAME			_	
STREET ADDRESS	5975 N. FEDERAL HIGHWAY		3.3 STREET	ADORESS			
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-5				
TITLE	VD	DELETE	4.1 TITLE			Char	nge 🔲 Addition
NAME	BOSCO, STEPHEN M.						
STREET ADDRESS	5975 N. FEDERAL HIGHWAY		4.3 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY - S	IT-ZIP			
TITLE		DELETE	51 TITLE			Chai	nge 🔲 Addition
NAMÉ			52 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - 9	iT-ZIP		_ <del></del>	
TITLE		DELETE	6.1 TITLE			Chai	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - 9				
portify the	t the information indicated on this annu	ial renort or supplemental annu	al renort is ta	JA ADO ACCUI	for the exemption stated in Section 119.0 ate and that my signature shall have the	same ledal effect	as it made under
oath: that	I am an officer or director of the corpo	ration or the receiver or trustee	empowered	to execute th	is report as required by Chapter 617, Flo	orida Statutes; an	d that my name
appears in	n Block 12 or Block 13 if changed, or o	on an attachment with an addre	SS.				