

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N20749 (0)

1. Corporation Name

WHISPERING WOODS MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5975 N. FEDERAL HIGHWAY, SUITE #248 129  
FT LAUDERDALE FL 33308

5975 N. FEDERAL HIGHWAY, SUITE #248 129  
FT LAUDERDALE FL 33308-2661

3. Date Incorporated or Qualified  
05/20/1987

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0002516

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes 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

Sandra Novak

82 Street Address (P.O. Box Number is Not Acceptable)

5975 N. Federal Hwy #129

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33308

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

*Sandra Novak*

(NOTE: Registered Agent signature required when reinstating)

DATE 5/23/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BOSCO, CHARLES J.  
STREET ADDRESS 5975 N. FEDERAL HIGHWAY  
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE VD  
NAME BOSCO, JANE  
STREET ADDRESS 5975 N. FEDERAL HIGHWAY  
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE STD  
NAME BERTNOLLI, BRENDA  
STREET ADDRESS 5975 N. FEDERAL HIGHWAY  
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE VD  
NAME BOSCO, STEPHEN M.  
STREET ADDRESS 5975 N. FEDERAL HIGHWAY  
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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:

*Brenda Bertnolli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-21-97

Date

Daytime Phone # 0034312

CFR2037 (9/96)