


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
---	---	--

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



Principal Place of Business 5975 N. FEDERAL HWY STE. 129 FT LAUDERDALE FL 33308 US	Mailing Address 5975 N. FEDERAL HWY STE. 129 FT LAUDERDALE FL 33308 US
--	--

2. Principal Place of Business 21 4691 N. UNIVERSITY DRIVE Suite, Apt. #, etc. 22 222 City & State 23 CORAL SPRINGS, FL Zip 24 33067 Country 25 USA	2a. Mailing Address 26 4691 N. UNIVERSITY DRIVE Suite, Apt. #, etc. 27 222 City & State 28 CORAL SPRINGS, FL Zip 29 33067 Country 30 USA
--	---

3. Date Incorporated or Qualified 05/20/1987	4. FEI Number 65-0002516	Applied For 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent NOVAK, SANDRA 5975 N FEDERAL HWY STE. 138 FT LAUDERDALE FL 33308
--

10. Name and Address of New Registered Agent 81 Name BRUCE ATTERMANN 82 Street Address (P.O. Box Number is Not Acceptable) 83 5285 WHISPER DRIVE 84 City CORAL SPRINGS FL 85 Zip Code 33067

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 617.0509, Florida Statutes.

SIGNATURE *[Signature]* President BRUCE ATTERMANN 3/13/98
 (NOTE: Registered Agent signature required when reinstating)

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

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President (P) (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRUCE ATTERMANN 5285 WHISPER DR CORAL SPRINGS FL 33067
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President (V) (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RONALD RINGNESS 5265 WHISPER DR CORAL SPRINGS FL 33067
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer (T) (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DONNA HAYGUCH 5200 WHISPER DRIVE CORAL SPRINGS FL 33067
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary (S) (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LYNN HOWE 5255 WHISPER DRIVE CORAL SPGS FL 33067
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEVEN ORY 5215 WHISPER DRIVE CORAL SPRINGS FL 33067
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: 3/13/98 *[Signature]* Pres BRUCE ATTERMANN 954-255-7700

CR2E037 (10/97)