

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90320 044 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20749

1. Corporation Name

WHISPERING WOODS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

4691 N UNIVERSITY DRIVE
222
CORAL SPRINGS FL 33067
US

Mailing Address

4691 N UNIVERSITY DRIVE
222
CORAL SPRINGS FL 33067
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

29

Zip

Country

30

3. Date Incorporated or Qualified

05/20/1987

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

9. Name and Address of Current Registered Agent

ATTERMANN, BRUCE
5285 WHISPER DRIVE
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ATTERMANN, BRUCE
STREET ADDRESS 5285 WHISPER DR
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE VD ☐ DELETE

NAME RINGNESS, RONALD
STREET ADDRESS 5200 WHISPER DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE TD ☐ DELETE

NAME NAYGOOD, DONNA
STREET ADDRESS 5200 WHISPER DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE SD ☐ DELETE

NAME HOWE, LYNN
STREET ADDRESS 5255 WHISPER DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D ☐ DELETE

NAME ORY, STEVEN
STREET ADDRESS 5215 WHISPER DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99 (754)-255-7700
Date Daytime Phone #

CR2E037-(11/98)