

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90039 012 ****61.25

DOCUMENT # N20749

1. Entity Name

WHISPERING WOODS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4691 N UNIVERSITY DRIVE
 222
 CORAL SPRINGS FL 33067
 US

4691 N UNIVERSITY DRIVE
 222
 CORAL SPRINGS FL 33067-4620
 US

2. Principal Place of Business

5200 WHISPER DRIVE

3. Mailing Address

5200 WHISPER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0002516

Applied For

Not Applicable

Zip

33067

Country

US

Zip

33067

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTERMANN, BRUCE
 5285 WHISPER DRIVE
 CORAL SPRINGS FL 33067

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Handwritten Signature], President

4/25/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME HAYGOOD, DONNA
 STREET ADDRESS 5200 WHISPER DRIVE
 CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] Bruce Attermann 4/25/00 954-255-7700

CR2E037 (9/99)