

2000 UNIFORM BUSINESS REPORT (UBR)

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

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



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address

5200 WHISPER DRIVE

5200 WHISPER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33067

Country

US

Zip

33067

Country

US

4. FEI Number

65-0002516

Applied For

Not Applicable

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

**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	<input type="checkbox"/> Delete
NAME	ATTERMANN, BRUCE	
STREET ADDRESS	5285 WHISPER DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RINGNESS, RONALD	
STREET ADDRESS	5200 WHISPER DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAYGOOD, DONNA	
STREET ADDRESS	5200 WHISPER DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOWE, LYNN	
STREET ADDRESS	5255 WHISPER DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORY, STEVEN	
STREET ADDRESS	5215 WHISPER DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRUCE ATTERMANN 4/25/00 954-255-7700

CR2E037 (9/99)