FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22734** (0)

1. Corporation Name

WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 1732 MELBOURNE FL 32902-8752	P O BOX 1732 MELBOURNE FL 32902-8752

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1987
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2997602 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 32902-1732 / County 25	Zip 29: 32902-1732 / County 30

9. Name and Address of Current Registered Agent

HAKKILA-WILLS, JEANNE
972 WHISPER OAK DR.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	TD	☑ Change ☐ Addition
NAME	HAKKILA-WILLS, JEANNE	12 NAME	Jeanne Hakkila-Wills	
STREET ADDRESS	972 WHIPER OAK DR.	13 STREET ADDRESS	972 WHISPEROAK DRIVE	
CITY ST ZIP	MELBOURNE FL	14 CITY ST ZIP	melbourne FL 32901	
TITLE	VD	21 TITLE	D	☑ Change ☐ Addition
NAME	KERSHAW, ROBERT	22 NAME	Robert Kershaw	
STREET ADDRESS	949 WHISPER OAK DR.	23 STREET ADDRESS	949 whisperoak Dr	
CITY ST ZIP	MELBOURNE FL	24 CITY ST ZIP	melbourne FL 32901	
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	MARMOL, EDUARDO	32 NAME	Susan Mazzeo	
STREET ADDRESS	938 WHISPERPINE DR.	33 STREET ADDRESS	937 whisperoak Dr	
CITY ST ZIP	MELBOURNE FL	34 CITY ST ZIP	melbourne FL 32901	
TITLE	TD	41 TITLE	VP	☑ Change ☐ Addition
NAME	IODICE, DAVID M	42 NAME	Marisa Aquiviva	
STREET ADDRESS	3871 WHISPERWOOD CIR.	43 STREET ADDRESS	986 whisperpine Dr	
CITY ST ZIP	MELBOURNE FL	44 CITY ST ZIP	melbourne FL 32901	
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	NANNI, BOB	52 NAME	Please delete.	
STREET ADDRESS	925 WHISPEROAK DR.	53 STREET ADDRESS		
CITY ST ZIP	MELBOURNE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	PD	☑ Change ☐ Addition
NAME	PALOMBO, RODOLFO	62 NAME	Rodolfo Palombo	
STREET ADDRESS	3622 WHISPERWOOD CIR.	63 STREET ADDRESS	3622 whisperwood Circle	
CITY ST ZIP	MELBOURNE FL	64 CITY ST ZIP	melbourne FL 32901	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/30/95 407-724-3168
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0038334