

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22734 (0)

1. Corporation Name

WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 1732
MELBOURNE FL 32902-1732
US

P O BOX 1732
MELBOURNE FL 32902-1732
US



000001879540
-06/28/96--01073--035

3. Date Incorporated or Qualified
09/29/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81

Name

Flora A. Carbone

82

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

3614 Whisperwood Circle

83

84

City

Melbourne

FL

85

Zip Code

32901

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

Flora A. Carbone, Pres. Flora A. Carbone

6/18/96

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WILLS-HEIKKILA, JEANNE
972 WHISPEROAK DRIVE
MELBOURNE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TD
Richard Ieeberg
3670 Whisperwood Circle
Melbourne, Florida 32901

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KERSHAW, ROBERT
949 WHISPEROAK DR
MELBOURNE FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
Connie Lea
927 Whisperpine Drive
Melbourne, Florida 32901

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MAZZEO, SUSAN
937 WHISPEROAK DR
MELBOURNE FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SD
Bernadette M. Jacobsen
975 Whisperpine Drive
Melbourne, Florida 32901

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
AQUINVA, MARISA
986 WHISPERPINE DR
MELBOURNE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VPD
Sharon Cassidy
3631 Whisperwood Circle
Melbourne, Florida 32901

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PALOMBO, RODOLFO
3622 WHISPERWOOD CIRCLE
MELBOURNE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
PD
Flora A. Carbone
3614 Whisperwood Circle
Melbourne, Florida 32901

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
D
Rodolpho Palombo
3622 Whisperwood Circle
Melbourne, Florida 32901

☐ Change ☒ Addition

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)(k), 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:

Bernadette M. Jacobsen, Secretary

April 26, 1996

(407) 951 - 4403

Date

Daytime Phone #

CR2E037 (12/95)

05-01-96
04