

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/29/1987	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2997602	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		7. Is this nonprofit corporation a homeowners association?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARBONE, FLORA A 3614 WHISPERWOOD CIR MELBOURNE FL 32901		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 Flora A. Carbone FLORA A. CARBONE, PRES. 4/01/98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEBOG, RICHARD	1.2 NAME	
STREET ADDRESS	3670 WISPERWOOD CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMIGOWSKI, FRANK	2.2 NAME	
STREET ADDRESS	984 WHISPER OAK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBSEN, BERNADETTE M	3.2 NAME	VINCE Worthington
STREET ADDRESS	975 WHISPEROAK DR	3.3 STREET ADDRESS	3667 Whisperwood Cir.
CITY-ST-ZIP	MELBOURNE FL 32901	3.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSIDY, SHARON	4.2 NAME	Robert DeFusco
STREET ADDRESS	3631 WHISPERWOOD CIR	4.3 STREET ADDRESS	914 WHISPERPINE DR.
CITY-ST-ZIP	MELBOURNE FL 32901	4.4 CITY-ST-ZIP	Melbourne FL 32901
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONE, FLORA A	5.2 NAME	
STREET ADDRESS	3614 WHISPERWOOD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALOMBO, RODOPLHO	6.2 NAME	
STREET ADDRESS	3622 WHISPERWOOD CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	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.

SIGNATURE: Richard A. Leeborg RICHARD A. LEEBOG, TREAS. 4/01/98 407-922-7338

CR2E037 (10/97)