NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90133 006 \*\*\*\*61.25

## DOCUMENT # N227

WHISPER WOODS HOMEOWNERS ASSOCIATION INC

	WINDIL	II WOODS HOMEOWILE IS						
Pr	incipal Plac	e of Business	Mailing Address		<u> </u>			
P O BOX 1732  MELBOURNE FL 32902-1732  US  P O BOX 1732  MELBOURNE FL 32902-1  US								
-	Principal P	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 09/29/1987		
21			26				A !	
22	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2997602	Applied For Not Applicable	
23	City & Stat	te	City & State			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
	Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 May Be	
24		25	29 30	0		Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Registered Agent		
CARBONE, FLORA A 3614 WHISPERWOOD CIR MELBOURNE FL 32901				82	Street Add	ress (P.O. Box Number is Not Accepta	able)	
				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 arm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SI	IGNATURE.	Stgnature, typed of philitid value of registered age	nt and title if applicable. (NOTE: Re	egistered Age	LORA at signature require	A CARBONE, T	DATE 3-9-97	
12	2.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TIT	ΊΕ	TD	DELETE	1.1 TITLE	R	N X XX	1 / Change Addition	
NA	ME	LEEBERG, RICHARD	,	1.2 NAME	18	CO MILLED FOR LING	TO CANOTE SE	
STF	REET ADORESS	3670 WISPERWOOD CIR		1.3 STREE	ADDRESS 3	158 Milk LAPON	32901	
-	Y-ST-ZIP	MELBOURNE FL		1.4 CITY-S		neusourne, Fl	Change Addition	
TITI	-	XTD	☐ DELETE	2.1 TITLE		) A A STIGATE OF THE		
	ME	SMIGOWSKI, FRANK		2.2 NAME	6	PICKARD, PAU 658 WHISPERMED	checut	
	REET ADDRESS				ADDRESS 3	NELBOURNE, FL	32401	
ř –	Y-ST-ZIP	MELBOURNE FL	₩ DELETE	.2.4 CITY=9			Change Addition	
TITI NA		WORBINGTON, VINCE	The section of the se	3.1 TITLE	[	NADE CUPTIS		
	ME REET ADDRESS	3667 WHISPERWOOD CIR	-		ADDRESS 2	11-0 LINESPERING	OND CIPCLE	
	REE I ADURESS Y•\$T-ZIP	MELBOURNE FL 32901		3.4. CITY-S	T-ZIP Y	NADE, CURTIS 1659 WHISPERNO NEUBOURNE, FL	32901	

MELBOURNE FL 32901 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, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

VPD

CASSIDY, SHARON

3631 WHISPERWOOD CIR

3614 WHISPERWOOD CIRCLE

**MELBOURNE FL 32901** 

CARBONE, FLORA A

MELBOURNE FL 32901

PALOMBO, RODOPLHO

3622 WHISPERWOOD CIR

☐ DELETE

☐ DELETE

DELETE

DEFUSCO, ROBERT

914 WHISPERPINE

MELBOURNE, FL 32901

Addition

☐ Addition

☐ Change

Change

☐ Change

32901

BPERMOOD CLECKE