

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22734

1. Entity Name

WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90038 004 ****61.25

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

3. Mailing Address

3629 Whisperwood Cir
Suite, Apt. #, etc.

3629 Whisperwood Cir
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
59-2997602

Applied For
Not Applicable

Zip
32901

Country
Brevard

Zip
32901

Country
Brevard

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

CARBONE, FLORA A
3614 WHISPERWOOD CIR
MELBOURNE FL 32901

Name
LINDY SCHEFFLER
Street Address (P.O. Box Number is Not Acceptable)
3661 WHISPERWOOD CIRCLE
City
MELBOURNE FL Zip Code
32901

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 CINDY SCHEFFLER, TREASURER Cindy Scheffler 3-8-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D PICKARD, PAUL 3658 WHISPERWOOD CIRCLE MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMIGOWSKI, FRANK 984 WHISPER OAK DRIVE MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, CURTISS 3659 WHISPERWOOD CIRCLE MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASSIDY, SHARON 3631 WHISPERWOOD CIR MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBONE, FLORA A 3614 WHISPERWOOD CIRCLE MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFUSCO, ROBERT 914 WHISPERPINE DR MELBOURNE FL 32901	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KATE SPANNAN 3618 WHISPERWOOD CIR. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CINDY SCHEFFLER 3661 WHISPERWOOD CIR. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOE OSHIER 984 WHISPER OAK DR. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (DICK) MUNCH, RICHARD 3628 WHISPERWOOD CIR. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID IODICE 3671 WHISPERWOOD CIR. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: SIGNATURE OF REGISTERED AGENT 3-8-00 321-722-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)