

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22734

1. Entity Name

WHISPER WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3629 WHISPERWOOD CIR  
MELBOURNE FL 32901  
US

Mailing Address

3629 WHISPERWOOD CIR  
MELBOURNE FL 32901  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2997602

Applied For

Not Applicable

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

SCHEFFLER, CINDY  
3661 WHISPERWOOD CIRCLE  
MELBOURNE FL 32901

Name

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

City

FL

Zip Code

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

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 S  
NAME SPANNAN, KATE ☐ Delete  
STREET ADDRESS 3618 WHISPERWOOD CIR  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME SCHEFFLER, CINDY ☐ Delete  
STREET ADDRESS 3661 WHISPERWOOD CIR  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME WADE, CURTISS ☒ Delete  
STREET ADDRESS 3659 WHISPERWOOD CIRCLE  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D  
NAME THOMAS TIEDEMAN ☐ Change ☒ Addition  
STREET ADDRESS 973 WHISPEROAK DR.  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE P  
NAME KELLNER, STEVEN ☐ Delete  
STREET ADDRESS 901 WHISPEROAK DRIVE  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME OSHIER, MAURICE ☒ Delete  
STREET ADDRESS 984 WHISPEROAK DRIVE  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE VP  
NAME KAREN RIFFEE ☐ Change ☒ Addition  
STREET ADDRESS 3641 WHISPERWOOD CIR.  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D  
NAME DEFUSCO, ROBERT ☐ Delete  
STREET ADDRESS 914 WHISPERPINE DR  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Cindy Scheffler REQUESTING CINDY SCHEFFLER 02-19-02 321-722-0094

FILED  
Mar 06, 2002 8:00 am  
Secretary of State

03-06-2002 90082 013 \*\*\*\*61.25

00030708



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachments & Doc# N22732

D MAURICE OSHIER  
984 WHISPEROAK DR.  
MELBOURNE FL 32901

D JUDITH LEGGETT  
974 WHISPERPINE DR.  
MELBOURNE FL 32901

D BONNIE JACOBSEN  
975 WHISPERPINE DR.  
MELBOURNE FL 32901