2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _\

Mar 19, 2001 8:00 am **DOCUMENT # N28020 Secretary of State** 1. Entity Name 02-13-2001 90050 019 ****61.25 WHISPER LAKES UNIT 2 HOMEOWNER'S ASSOCIATION, IN Principal Place of Business Malling Address 63414 P.O. BOX 770874 P.O. BOX 770874 ORLANDO FL 32877-0874 ORLANDO FL 32877-0874 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2935894 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ONEIL EMILY Street Address (P.O. Box Number is Not Acceptable) O'NEILL, EMILY 2144 OPILANA ST 3180 Burlington ORLANDO FL 32837 Cltv 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. O1-24-001 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. STD (JUST CHANGED DISITION) ☐ Delete ☐ Addition TITLE TITLE Change BROWN, LEE A NAME NAME 11924 ATUNDO. 11924 ATLIN DR STREET ADDRESS VDSTREET ADDRESS Octando, Fr 32837 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 TITLE TITLE ☐ Change Addition Delete CORTES, HECTOR NAME 5D 11802 ATLIN DRIVE STREET ADORESS 11878 ATLIN DR STREET ADDRESS Orlandon Fl 32837 CITY-ST-ZIP ORLANDO-FL-32837 CITY ST ZIP TITLE PD Delete TITLE_ HECTOR-CORTES-☐ Addition GARCIA, NELSON C NAME NAME 11878 ATUN DRIVE TD STREET ADDRESS STREET ADDRESS 2144 OPILANA ST ORLANDO, FL 32837 CITY-ST-ZIP CHY-ST-ZIP ORLANDO FL 32837 Addition DILE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CATY-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

2/

407-240-3386

WHISPER LAKES UNIT 2 HOMEOWNERS ASSOCIATION, INC.

P.O. Box 770874, Orlando, FL 32877-0874, (407)858-1562

March 13 2001

March 13, 2001

DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

ATTN: Annual Reports Section

RE: N28020

Enclosed is the corrected 2000 UBR. The current directors of our board is as follows:

PD GARCIA, NELSON C 2144 OPILANA STREET ORLANDO, FL 32837

VD BROWN, LEE A 11924 ATLIN DRIVE ORLANDO, FL 32837

SD LAUER, REGIS E 11802 ATLIN DRIVE ORLANDO, FL 32837

TD CORTES, HECTOR 11878 ATLIN DRIVE ORLANDO, FL 32837

I hope this information can assist you if you have any doubts regarding the corrected UBR form.

Sincerely,

WHISPER LAKES UNIT 2 HOA, Inc.

Nelson Cruz Garcia