

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90060 012 ****61.25

DOCUMENT # N28020

1. Entity Name

WHISPER LAKES UNIT 2 HOMEOWNER'S ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

P.O. BOX 770874
ORLANDO FL 32877-0874
US

P.O. BOX 770874
ORLANDO FL 32877-0874
US

80026389



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2935894

Applied For

Not Applicable

Zip

Country

Zip

Country

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

O'NEILL, EMILY
3180 BURLINGTON DR
ORLANDO FL 32837

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

Emily O'Neill

2-01-2002

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 **VD** ☒ Delete
NAME **BROWN, LEE A**
STREET ADDRESS **11924 ATLIN DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **STD** ☒ Change ☐ Addition
NAME **REGIS E. LAUER**
STREET ADDRESS **11802 ATLIN DR**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **TD** ☐ Delete
NAME **CORTES, HECTOR**
STREET ADDRESS **11878 ATLIN DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VD** ☒ Change ☐ Addition
NAME **HECTOR CORTES**
STREET ADDRESS **11878 ATLIN DR**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **PD** ☐ Delete
NAME **GARCIA, NELSON C**
STREET ADDRESS **2144 OPILANA ST**
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **SD** ☐ Delete
NAME **LAWER, REGIS E**
STREET ADDRESS **11802 ATLIN DRIVE**
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nelson C Garcia
SIGNATURE REQUIRED

CR2E037 (9/01)