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Feb 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29109 (8)

1. Corporation Name

WHISPERWOOD MANUFACTURED HOMEOWNERS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

3070 WHISPER BLVD.
DELAND FL 32724

3070 WHISPER BLVD.
DELAND FL 32724-8223

3. Date Incorporated or Qualified
11/03/1988

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 4136 Foxwood Trail

22 City & State 27 Deland, Florida

23 Zip

Country

24 32724 25 USA

4. FEI Number

59-2930705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUSSELL, LEE
4136 FOXWOOD TR
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name

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

83

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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NALL, ROBERT
STREET ADDRESS 4136 WINTER WOOD RUN
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE D
NAME RAYMOND, DAVID
STREET ADDRESS 3108 HICKORY TREE LANE
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE D
NAME MILLER, DORIS J.
STREET ADDRESS 3109 WHISPER BLVD.
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE D
NAME HOLLAMBY, FRED
STREET ADDRESS 2999 TURTLE DOVE TRAIL
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE VD
NAME RUSSELL, LEE
STREET ADDRESS 4136 FOXWOOD TR
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE SD ☒ DELETE
NAME MOGK, JANICE
STREET ADDRESS 3134 PINE RUN TRAIL
CITY-ST-ZIP DELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☐ Change ☒ Addition

12 NAME Joseph Abrams
13 STREET ADDRESS 3106 Whisper Blvd.
14 CITY-ST-ZIP Deland, FL 32724 ☐ Change ☒ Addition

21 TITLE D
22 NAME Donald Strait
23 STREET ADDRESS 3105 Hickory Tree Lane
24 CITY-ST-ZIP Deland, FL 32724 ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Lee Russell

1-15-97 904 734 4945

CR2E037 (9/96)