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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moynihan</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29109 (8)**

1. Corporation Name

**WHISPERWOOD MANUFACTURED HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
3070 WHISPER BLVD. DELAND FL 32724	4136 FOXWOOD TRAIL DELAND FL 32724 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 3027 Tuckahoe Lane
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Deland, Fl
24 Zip	29 32724
25 Country	30 Country

9. Name and Address of Current Registered Agent

**RUSSELL, LEE**  
**4136 FOXWOOD TR**  
**DELAND FL 32724**

3. Date Incorporated or Qualified	11/03/1988
4. FEI Number	59-2930705
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name	Walter Rollo
82 Street Address (P.O. Box Number is Not Acceptable)	3027 Tuckahoe Lane
83	
84 City	Deland
85 Zip Code	FL 32724

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 *Walter R. Rollo* DATE *FEB. 18 1998*

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NALL, ROBERT	
STREET ADDRESS	4136 WINTER WOOD RUN	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAYMOND, DAVID	
STREET ADDRESS	3106 HICKORY TREE LANE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DORIS J.	
STREET ADDRESS	3106 WHISPER BLVD.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLLAMBY, FRED	
STREET ADDRESS	2998 TURTLE DOVE TRAIL	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, LEE	
STREET ADDRESS	4136 FOXWOOD TR	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABRAMS, JOSEPH	
STREET ADDRESS	3106 WHISPER BLVD.	
CITY-ST-ZIP	DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NALL, ROBERT	
1.3 STREET ADDRESS	4136 WINTERWOOD RUN	
1.4 CITY-ST-ZIP	DELAND, FL 32724	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALTER ROLLO	
2.3 STREET ADDRESS	3027 TUCKAHOE LANE	
2.4 CITY-ST-ZIP	DELAND, FL 32724	
3.1 TITLE	DEM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DON TERRY	
3.3 STREET ADDRESS	3034 TURTLE DOVE TRAIL	
3.4 CITY-ST-ZIP	DELAND, FL 32724	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARIE GILOTTI	
4.3 STREET ADDRESS	3016 TREE FROG LANE	
4.4 CITY-ST-ZIP	DELAND, FL 32724	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RUDY MORRIS	
5.3 STREET ADDRESS	3063 TURTLE DOVE TRAIL	
5.4 CITY-ST-ZIP	DELAND, FL 32724	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 *Walter R. Rollo* DATE *FEB 11 1998*

CR2E037 (1097)