FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 FEB 10 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48612 (8)

1. Corporation Name

WHISPERING WOODS HOMEOWNERS' ASSOCIATION OF NORT HWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 343 MILTON FL 32572	POST OFFICE BOX 343 MILTON FL 32572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1992
3a. Date of Last Report: 09/23/1994
4. FEI Number: 59-3177833 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANFRED, DALE
4535 FOREST BREEZE CT.
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name: LISA HARRISON
82 Street Address (P.O. Box Number is Not Acceptable): 4535 Amblewood Court
83
84 City: PACE FL 85 Zip Code: 32571

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lisa T. Harrison LISA T. HARRISON, TREASURER (TD) 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MANFRED, DALE	1.2 NAME	LeBouf, Bruce	
STREET ADDRESS	4535 FOREST BREEZE CT.	1.3 STREET ADDRESS	5759 Whispering Woods Drive	
CITY-ST-ZIP	PACE FL 32571	1.4 CITY-ST-ZIP	Pace, Fl. 32571	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	PATTERSON, RHONDA	2.2 NAME	Palamarchock, Monica	
STREET ADDRESS	4524 FOREST BREEZE CT.	2.3 STREET ADDRESS	5775 Whispering Woods Drive	
CITY-ST-ZIP	PACE FL 32571	2.4 CITY-ST-ZIP	Pace, Fl. 32571	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	TEEL, SINDY	3.2 NAME	Hill, Robert B.	
STREET ADDRESS	4530 FOREST BREEZE CT.	3.3 STREET ADDRESS	5765 Whispering Woods Drive	
CITY-ST-ZIP	PACE FL 32571	3.4 CITY-ST-ZIP	Pace, Fl. 32571	
TITLE		4.1 TITLE	TD	☐ Change ☒ Addition
NAME		4.2 NAME	Harrison, Lisa	
STREET ADDRESS		4.3 STREET ADDRESS	4535 Amblewood Ct.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pace, Fl 32571	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lisa T. Harrison LISA T. HARRISON 2/6/95 (904) 994-5351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0078396