FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 04/29/1992
3a. Date of Last Report: 02/10/1995

2. Principal Place of Business
21: 4595 Amblewood Ct
22: Suite, Apt. #, etc.
23: City & State: Pace, FL
24: Zip: 32571
25: Country: USA

2a. Mailing Address
26: 4595 Amblewood Ct
27: Suite, Apt. #, etc.
28: City & State: Pace, FL
29: Zip: 32571
30: Country: USA

4. FEI Number: 59-3177833 ☐ 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**

MANFRED, DALE
4535 FOREST BREEZE CT.
PACE FL 32571

10. **Name and Address of New Registered Agent**

81 Name: Rogers, Richard
82 Street Address (P.O. Box Number is Not Acceptable): 4595 Amblewood Court
83:
84 City: Pace FL 85 Zip Code: 32571

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: Richard O. Rogers 4-10-96
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when real filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEBOUF, BRUCE 5759 WHISPERING WOODS DRIVE PACE FL 32571	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Rogers, Richard 4595 Amblewood Court Pace, FL 32571	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PALAMARCHOCK, MONICA 5775 WHISPERING WOODS DRIVE PACE FL 32571	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD H. H. Mosley 4571 Amblewood Court Pace, FL 32571	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HILL, ROBERT B 5765 WHISPERING WOODS DRIVE PACE FL 32571	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/TD Joan Horton 4559 Amblewood Court Pace, FL 32571	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARRISON, LISA 4535 AMBLEWOOD CT. PACE FL 32571	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	700001831727 -05/21/96--01042--035 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Joan E Horton 4-10-96 (904) 995-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #