

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N49384 (3)**

1. Corporation Name

**WHIPPOORWILL WOODS HOMEOWNERS ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

**3391 WHIPPOORWILL DRIVE  
TALLAHASSEE FL 32310**

**3391 WHIPPOORWILL DRIVE  
TALLAHASSEE FL 32310**



2. Principal Place of Business		2a. Mailing Address	
21	<b>3352 Whippoorwill Dr.</b>	26	<b>3352 Whippoorwill Dr.</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	<b>Tallahassee, FL</b>	28	<b>Tallahassee, FL</b>
Zip	Country	Zip	Country
24	<b>32310</b>	25	<b>N. America</b>
29	<b>32310</b>	30	<b>N. America</b>

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>06/16/1992</b>	<b>08/10/1995</b>
4. FEI Number	Applied For
<b>59-3067924</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARIS, WILLIAM  
3367 WHIPPOORWILL DRIVE  
TALLAHASSEE FL 32310**

81	Name	<b>Law, Maelisa</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>3352 Whippoorwill Dr.</b>
83		
84	City	<b>Tallahassee, FL</b>
85	Zip Code	<b>32310</b>

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 **Maelisa Law/Secretary/Treasurer, W.W.H.O.A.** DATE **5-17-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>WILLIAMS, PARIS</b>	1.2 NAME	<b>Cox, Ruth</b>
STREET ADDRESS	<b>3367 WHIPPOORWILL DRIVE</b>	1.3 STREET ADDRESS	<b>3395 Whippoorwill Drive</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>VD</b>
NAME	<b>UBIETA, ROBERT</b>	2.2 NAME	<b>Strom, James</b>
STREET ADDRESS	<b>3359 WHIPPOORWILL DRIVE</b>	2.3 STREET ADDRESS	<b>3404 Whippoorwill Drive</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>
TITLE	<b>STD</b>	3.1 TITLE	<b>STD</b>
NAME	<b>HEVENER, DEBRA</b>	3.2 NAME	<b>Law, Maelisa</b>
STREET ADDRESS	<b>3387 WHIPPOORWILL DRIVE</b>	3.3 STREET ADDRESS	<b>3352 Whippoorwill Dr.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>
TITLE		4.1 TITLE	<b>Board of Directors</b>
NAME		4.2 NAME	<b>William, Paris</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>3367 Whippoorwill Drive</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>
TITLE		5.1 TITLE	<b>Board of Directors</b>
NAME		5.2 NAME	<b>Karsner, Ethel</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>3356 Whippoorwill Drive</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>
TITLE		6.1 TITLE	<b>Board of Directors</b>
NAME		6.2 NAME	<b>Lang, Harley</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3375 Whippoorwill Drive</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>

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: **Maelisa Law/Secretary/Treasurer, W.W.H.O.A.** DATE **5-17-96** 904/576-0527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)