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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000958 (9)

1. Corporation Name
WHISPERING CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2023 ST. LUCIE BLVD. LOT 243 FT. PIERCE FL 34946	2023 ST. LUCIE BLVD. LOT 243 FT. PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1993
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0395393 — ☐ Applied For ☐ Not Applicable

	Principal Place of Business	Mailing Address
2. / 2a.	21 2023 ST. Lucie Blvd,	26 2023 ST. Lucie Blvd,
Suite, Apt. #, etc.	22 Lot 105	27 Lot 105
City & State	23 Ft. Pierce FL	28 Ft. Pierce FL,
Zip / Country	24 34946 / 25 St. Lucie	29 34946 / 30 St. Lucie

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

PRIEGNITZ, DELBERT W.
2023 ST. LUCIE BLVD.
LOT 105
. PIERCE FL 34946

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	PRIEGNITZ, DELBERT W.	12 NAME	
STREET ADDRESS	2023 ST. LUCIE BLVD., LOT 105	13 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	FITZSIMMONS, BART	22 NAME	
STREET ADDRESS	2023 ST. LUCIE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34946	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	O'LEARY, ANN	32 NAME	
STREET ADDRESS	2023 ST. LUCIE BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34946	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, EARL	42 NAME	
STREET ADDRESS	2023 ST. LUCIE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34946	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	BISHOP, RALPH	52 NAME	Robert Badhorn
STREET ADDRESS	2023 ST. LUCIE BLVD.	53 STREET ADDRESS	2023 ST. Lucie BLVD.
CITY-ST-ZIP	FT. PIERCE FL	54 CITY-ST-ZIP	FT. PIERCE FL 34946
TITLE		61 TITLE	D ☐ Change ☑ Addition
NAME		62 NAME	Barbra Robinson
STREET ADDRESS		63 STREET ADDRESS	2023 ST Lucie BLVD.
CITY-ST-ZIP		64 CITY-ST-ZIP	FT PIERCE FL 34946

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: Delbert W. Priegnitz — Delbert W. Priegnitz — 02/21/95 — 407-461-4226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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