

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000958

1. Entity Name

WHISPERING CREEK HOMEOWNERS ASSOCIATION, INC.

FILED

Feb 21, 2001 8:00 am  
Secretary of State

02-21-2001 90020 050 \*\*\*\*61.25

719498



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2023 ST. LUCIE BLVD.  
303K  
FT. PIERCE FL 34946  
US

Mailing Address

2023 ST. LUCIE BLVD.  
303J  
FT. PIERCE FL 34946  
US

2. Principal Place of Business

2023 ST. LUCIE BLVD.

3. Mailing Address

2023 ST. LUCIE BLVD.

Suite, Apt. #, etc.

245

Suite, Apt. #, etc.

245

City & State

FORT PIERCE, FL.

City & State

FORT PIERCE, FL.

4. FEI Number

65-0395393

Applied For

Not Applicable

Zip

34946

Country

ST. LUCIE

Zip

34946

Country

ST. LUCIE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANELSKI, THERESA  
2023 ST LUCIE BLVD  
303K  
FT PIERCE FL 34946

7. Name and Address of New Registered Agent

Name

ALBERTA E. SWEET

Street Address (P.O. Box Number is Not Acceptable)

2023 ST. LUCIE BLVD.

245

City

FORT PIERCE

FL

Zip Code

34946

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Alberta E. Sweet*

2/16/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, JACKIE	
STREET ADDRESS	2023 ST LUCIE BLVD LOT 191 W	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GABRIEL, STEPHEN	
STREET ADDRESS	2023 ST LUCIE BLVD LOT 314	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOLSTER, JOYCE	
STREET ADDRESS	2023 ST LUCIE BLVD LOT 179	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MANELSKI, THERESA	
STREET ADDRESS	2023 ST LUCIE BLVD LOT 303	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMANA, ARTHUR	
STREET ADDRESS	2023 ST LUCIE BLVD LOT 279	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MORAN, JIM	
STREET ADDRESS	2023 ST LUCIE BLVD LOT 143	
CITY-ST-ZIP	FT PIERCE FL 34946	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM MORAN	
STREET ADDRESS	2023 ST. LUCIE BLVD, #143	
CITY-ST-ZIP	FORT PIERCE, FL 34946	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL SUTO	
STREET ADDRESS	2023 ST. LUCIE BLVD. # 87	
CITY-ST-ZIP	FORT PIERCE, FL. 34946	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE BOLSTER	
STREET ADDRESS	2023 ST. LUCIE BLVD. #179	
CITY-ST-ZIP	FORT PIERCE, FL. 34946	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTA SWEET	
STREET ADDRESS	2023 ST. LUCIE BLVD. #245	
CITY-ST-ZIP	FORT PIERCE, FL. 34946	
TITLE	<del>TERRY MANELSKI</del> DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY MANELSKI	
STREET ADDRESS	2023 ST. LUCIE BLVD. #303	
CITY-ST-ZIP	FORT PIERCE, FL. 34946	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY STEVENS	
STREET ADDRESS	2023 ST. LUCIE BLVD. # 26	
CITY-ST-ZIP	FORT PIERCE, FL. 34946	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alberta E. Sweet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2001 561-465-5903

Date

Daytime Phone #

CR2E037 (10/00)