

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90964 028 \*\*\*\*61.25

**DOCUMENT # N93000000958**  
1. Entity Name  
**WHISPERING CREEK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2023 ST LUCIE BLVD.  
245 254  
FORT PIERCE FL 34946  
US**

Mailing Address  
**2023 ST LUCIE BLVD.  
245 254  
FORT PIERCE FL 34946  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**2023 ST LUCIE BLVD.  
LOT 254  
FT. PIERCE, FL  
34946**

4. FEI Number **65-0395393** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
~~SWEET, ALBERTA  
2023 ST LUCIE BLVD  
245  
FT PIERCE FL 34946~~

7. Name and Address of New Registered Agent  
Name **NICKS, CLAUDE H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2023 ST LUCIE BLVD # 254**  
City **FT. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **CLAUDE H. NICKS, TREAS** 2/26/03  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FITZSIMONS, BART</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 158 E</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34946</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HAY, TOM</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 197</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34946</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAY, CAROLINE</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 197</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34946</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MANELSKI, THERESA</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 303</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34946</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SWEET, ALBERTA</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 245</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34946</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BUTLER, DAVID</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 22</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34946</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAY, TOM</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 197</b>	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34946</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPILLANE, THOMAS</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 252</b>	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34946</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUTLER, LEE</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 22</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34946</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OLEARY, ANNE</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 270</b>	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34946</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURNS, EDWARD</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 115</b>	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34946</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NICKS, CLAUDE H.</b>	
STREET ADDRESS	<b>2023 ST LUCIE BLVD LOT 254</b>	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34946</b>	

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 *[Signature]* **CLAUDE H. NICKS** 772-489-0492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)