

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90093 046 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000003073**

1. Corporation Name

**WHISPERING LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
 1299 MAIN STREET SUITE F  
 DUNEDIN FL 34698-5333

Mailing Address  
 1299 MAIN STREET SUITE F  
 DUNEDIN FL 34698-5333



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3515599	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution <input type="checkbox"/>	
29		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**TANKEL, ROBERT L**  
**1299 MAIN STREET SUITE F**  
**DUNEDIN FL 34698-5333**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DONNA M	1.2 NAME	
STREET ADDRESS	1299 MAIN STREET SUITE F	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698-5333	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZADROWSKI, ROBERT	2.2 NAME	Norr, Karen
STREET ADDRESS	1299 MAIN STREET SUITE F	2.3 STREET ADDRESS	1299 Main Street Suite F
CITY-ST-ZIP	DUNEDIN FL 34698-5333	2.4 CITY-ST-ZIP	Dunedin, FL 34698-5333
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORR, RON	3.2 NAME	Leichsennring, Kurt
STREET ADDRESS	1299 MAIN STREET SUITE F	3.3 STREET ADDRESS	1299 Main Street Suite F
CITY-ST-ZIP	DUNEDIN FL 34698-5333	3.4 CITY-ST-ZIP	Dunedin, FL 34698-5333
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Schlichte, Cheryl
STREET ADDRESS		4.3 STREET ADDRESS	1299 Main Street Suite F
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Dunedin, FL 34698-5333
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Schlichte, Henry
STREET ADDRESS		5.3 STREET ADDRESS	1299 Main Street Suite F
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Dunedin, FL 34698-5333
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

**SIGNATURE:** Donna M. Scott, President DONNA M. SCOTT 4/29/99 727/736-1901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)