2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90102 044 ****61.25

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DOCUMENT # N98000003073

1. Entity Name

WHISPERING LAKES HOMEOWNERS ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE D
City & State	City & State DUNEDIN, FL
Zip / Country	Zip 34698 / Country

4. FEI Number 59-3515599 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TANKEL, ROBERT L ~~1299 MAIN STREET SUITE F~~ DUNEDIN FL 34698-5333 1022 MAIN STREET SUITE D DUNEDIN FL 34698	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORR, KAREN 1299 MAIN STREET SUITE F DUNEDIN FL 34698-5333	☒ Delete	D DANIEL VINOVICH 1022 MAIN STREET, SUITE D DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEICHSSENRING, KURT 1299 MAIN STREET SUITE F DUNEDIN FL 34698-5333	☐ Delete	D LEICHSSENRING, KURT 1022 MAIN STREET, SUITE D DUNEDIN, FL 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SCHLICHTE, CHERYL 1299 MAIN STREET SUITE F DUNEDIN FL 34698-5333	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHLICHTE, HENRY 1299 MAIN STREET SUITE F DUNEDIN FL 34698-5333	☐ Delete	D SCHLICHTE, HENRY 1022 MAIN STREET, SUITE D DUNEDIN, FL 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: _____ RE REQUIRED 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #