

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90029 045 ****61.25

DOCUMENT # N98000005722

1. Entity Name
WHISPERING OAKS HOMEOWNERS' ASSOCIATION OF
DELRAY BEACH, INC.



Principal Place of Business
2360 WHISPERING OAKS LANE
DELRAY BEACH, FL 33445

Mailing Address
2360 WHISPERING OAKS LANE
DELRAY BEACH, FL 33445

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0894394

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

BLAKEMORE, DOROTHEA
2360 WHISPERING OAKS LN
DELRAY BCH, FL 33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME DYKAMA, RICHARD
STREET ADDRESS 2320 WHISPERING OAKS LN
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE Pres. Do st. ☒ Change ☐ Addition
NAME Allen Kriebel
STREET ADDRESS 2480 Whispering Oaks Lane
CITY-ST-ZIP Delray Beach, FL 33445

TITLE VTD ☐ Delete
NAME BLAKEMORE, DOROTHEA
STREET ADDRESS 2360 WHISPERING OAKS LANE
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME TUSCHER, DONALD MR
STREET ADDRESS 2600 WHISPERING OAKS LANE
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE Secretary ☒ Change ☐ Addition
NAME David Martin
STREET ADDRESS 2520 Whispering Oaks Lane
CITY-ST-ZIP Delray Beach, FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Dorothea A. Blakemore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-07 561 6376440
Date Daytime Phone #

Dorothea A. Blakemore