

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

OK# 345

FILED

Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N99000004043

1. Entity Name
WHISPERING WOODS PROPERTY OWNERS'
ASSOCIATION, INC.



Principal Place of Business
308 NW 19TH ST
HOMESTEAD, FL 33030

Mailing Address
308 NW 19TH ST
HOMESTEAD, FL 33030



04132008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3585964

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARD, RICHARD S
308 NW 19TH ST
HOMESTEAD, FL 33030

DO NOT WRITE
IN THIS SPACE

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WARD, RICHARD
STREET ADDRESS 308 NW 19TH ST
CITY- ST- ZIP HOMESTEAD, FL 33030

TITLE VPD
NAME BRADLEY, ROBERT
STREET ADDRESS 7455 THORNIEE DR
CITY- ST- ZIP LAKE WORTH, FL 33467

TITLE STD
NAME BUOY, JAMES
STREET ADDRESS 1345 NW 129TH ST
CITY- ST- ZIP MIAMI, FL 33167

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000907293
05/05/08-80032-016 61.25

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/8

Date

305-283-2237

Daytime Phone #