

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90047 032 \*\*\*150.00

DOCUMENT # P97000050762

1. Corporation Name  
WHISTLER'S COVE, INC.

Principal Place of Business

1275 LK HEATHROW LN  
STE 105  
HEATHROW FL 32746  
US

Mailing Address

1275 LK HEATHROW LN  
STE 105  
HEATHROW FL 32746  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

59-3472385

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 615 Crescent

2a. Mailing Address 615 Crescent

21 Executive Court

26 Executive Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 120

27 Suite 120

City & State

City & State

23 Lake Mary, Florida

28 Lake Mary, Florida

Zip Country

Zip Country

24 32746

25

29 32746

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, N. DWAYNE JR.  
135 W. CENTRAL BLVD., STE. 1100  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 DVS  
NAME WOLF, JONATHAN L  
STREET ADDRESS 1275 LK HEATHROW LN, STE 105  
CITY-STATE-ZIP HEATHROW FL 32746

1.1 TITLE DVS  
1.2 NAME Wolf, Jonathan L.  
1.3 STREET ADDRESS 615 Crescent Executive Court, Suite 120  
1.4 CITY-STATE-ZIP Lake Mary, Florida 32746

TITLE DP  
NAME BORCK, TODD L  
STREET ADDRESS 1725 LK HEATHROW LN, STE 105  
CITY-STATE-ZIP HEATHROW FL 32746

2.1 TITLE DP  
2.2 NAME Borck, Todd L.  
2.3 STREET ADDRESS 615 Crescent Executive Court, Suite 120  
2.4 CITY-STATE-ZIP Lake Mary, Florida 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

407-333-3283

Daytime Phone #

4-14-99

407-333-3283

CR2ED34 (11/98)