FILE NOW: FILING FEE AFTER MAY 1 IS $156.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729425 (9)

1. Corporation Name
WHISPERING PINES CLUB, INC.

Principal Place of Business	Mailing Address
HC 1 BOX 676 GEORGETOWN FL 32139-9512 US	HC 1 BOX 676 GEORGETOWN FL 32139-9512 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1974
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1886612 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOLMES, CHARLES
201 LAKE GEORGE POINT DRIVE
GEORGETOWN FL 32139

10. Name and Address of New Registered Agent

61 Name: COOROS, George
62 Street Address (P.O. Box Number is Not Acceptable): HC 1 Box 650-D
63
64 City: GEORGETOWN FL 65 Zip Code: 32139

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 familar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/25/95
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	VD	1.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	GUYER, GEORGE	1.2 NAME		
STREET ADDRESS	PONDEROSA & PLAN PINES	1.3 STREET ADDRESS	PIERSON, Daniel K.	
CITY-ST-ZIP	GEORGETOWN FL	1.4 CITY-ST-ZIP	HC 1 Box 648S Georgetown, FL 32139	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LASH, RAY	2.2 NAME		
STREET ADDRESS	PONDEROSA & PLANTATION PINES DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	GEORGETOWN FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BLOMQUIST, JEAN	3.2 NAME	UNDERWOOD, Fred	
STREET ADDRESS	PONDEROSA & PLANTATION PINES DRIVE	3.3 STREET ADDRESS	HC 1 Box 850	
CITY-ST-ZIP	GEORGETOWN FL	3.4 CITY-ST-ZIP	GEORGETOWN, FL. 32139	
TITLE	PD	4.1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	HOLMES, CHARLES	4.2 NAME	COOROS, GEORGE	
STREET ADDRESS	PONDEROSA & PLANTATION PINES DRIVE	4.3 STREET ADDRESS	HC 1 Box 650-D	
CITY-ST-ZIP	GEORGETOWN FL	4.4 CITY-ST-ZIP	GEORGETOWN, FL. 32139	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SEVERSON MYRON	5.2 NAME		
STREET ADDRESS	PONDEROSA & PLANTATION PINES DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GEORGETOWN FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	GORSKI, JOAN	6.2 NAME		
STREET ADDRESS	PONDEROSA & PLANTATION PINES DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	GEORGETOWN, FL 00000	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Joan M. Gorski, Treasurer (904) 698-1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084439