

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90117 028 ****61.25

DOCUMENT # 729425 1. Entity Name WHISPERING PINES CLUB, INC.					
Principal Place of Business 105 PONDEROSA PINES GEORGETOWN, FL 32139-9512 US				Mailing Address 105 PONDEROSA PINES GEORGETOWN, FL 32139-9512 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1886612	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JORDAN, BILL 105 PONDEROSA PINES GEORGETOWN, FL 32139				Name Martha E Scalisi Street Address (P.O. Box Number is Not Acceptable) 105 Ponderosa Pines City Georgetown FL Zip Code 32139	
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)					
Filing Fee is \$61.25 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, BILL 204 SABAL PALM GEORGETOWN, FL 32139	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Valentine 104 Osceola Rd Georgetown FL 32139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PD SCALISI, BETTY 110 OSCEOLA ROAD GEORGETOWN, FL 32139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eunice Robinson 147 Georgetown Point Rd Georgetown FL 32139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, ROGER PEGGY LANE GEORGETOWN, FL 32139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gordan Bonham 437 Plantation Pines Georgetown FL 32139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ELLEN 201 BAYBERRY CT GEORGETOWN, FL 32139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Shirley Cooros 104 Bayberry Rd Georgetown FL 32139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORSKI, JOHN 204 OSCEOLA ROAD GEORGETOWN, FL 32139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, RON 117 OSCEOLA ROAD GEORGETOWN, FL 32139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Martha E Scalisi</u> 5/24/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					