

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90026 005 ****70.00

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																																																																																		
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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 SCALISI, MARTHA E 105 PONDEROSA PINES GEORGETOWN, FL 32139				7. Name and Address of New Registered Agent Name EUNICE E. ROBINSON Street Address (P.O. Box Number is Not Acceptable) 147 GEORGETOWN POINT ROAD GEORGETOWN, FL 32139 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 <i>Eunice E. Robinson, Pres.</i>		Eunice E. Robinson, President		June 30, 2005																																																																																	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																	
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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: <i>Eunice E. Robinson, Pres.</i> Eunice E. Robinson, Pres 6/30-05 386-467-8215																																																																																					

CONTINUED ON PAGE 2

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DOCUMENT # 729425

1. Entity Name
WHISPERING PINES CLUB, INC.



ATTACHMENT

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.

06302005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1886612

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SCALISI, MARTHA E
105 PONDEROSA PINES
GEORGETOWN, FL 32139

7. Name and Address of New Registered Agent

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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALETINE, CHARLES 104 OSCEOLA RD GEORGETOWN, FL 32139	☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON BONHAM 437 Plantation Pines Georgetown, FL 32139	☐ Change ☒ Addition
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SIGNATURE: Eunice E. Robinson, Pres. Eunice E. Robinson, Pres. 6/30/05 386-467-8211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #