2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90059 002 ****70.00

DOCUMENT # 729425

1. Entity Name

WHISPERING PINES CLUB, INC.

Principal Place of Business	Mailing Address
105 PONDEROSA PINES GEORGETOWN FL 32139-9512 US	105 PONDEROSA PINES GEORGETOWN FL 32139-9512 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1886612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON, EUNICE E 147 GEORGETOWN POINT ROAD GEORGETOWN FL 32139	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 Eunice E. Robenson, Pres. Eunice E. Robinson, Pres. 4-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007	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	D VALETINE, CHARLES 104 OSCEOLA RD GEORGETOWN FL 32139 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GORDON BONHAM 437 Plantation Pines Georgetown, FL 32139 ☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HAYES, MICHAEL L 883 BEACHWOOD DRIVE WINTER SPRINGS FL 32708 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CAROL COREY 109 Osceola Rd. Georgetown, FL 32139 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBINSON, EUNICE E 147 GEORGETOWN POINT RD GEORGETOWN FL 32139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TRINA SNODDY 142 Whispering Pines Rd. Georgetown, FL 32139 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHEWS, FRANK 103 FIR CT GEORGETOWN FL 32139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLAND, TERRY R 139 WHISPERING PINES RD GEORGETOWN FL 32139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENISON, RON 107 SPANISH TRAIL GEORGETOWN FL ☐ Delete Change title to VPD	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 exemptions contained in Section 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: Eunice E. Robenson, Pres. Eunice E. Robinson, Pres. 4-24-07 386-698-2672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #