FILE NOW: FILING FEE IS $61.25

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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 733662 (1)

1. Corporation Name

WHISPERING PINES HOMEOWNERS' ASSOCIATION OF ODESSA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 111 ODESSA FL 33556 US	P.O. BOX 111 ODESSA FL 33556-0111 US

3. Date Incorporated or Qualified: 08/26/1975
3a. Date of Last Report: 03/04/1996

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

4. FEI Number: APPLIED FOR 59-2368612 ☑ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DEGAIN, DONALD
7807 PINEVIEW DRIVE
ODESSA FL 33556-6434

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLOWERS, GAIL		1.2 NAME	
STREET ADDRESS	19408 PINE VALLEY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRAY, JOHN		2.2 NAME	
STREET ADDRESS	19314 PINE VALLEY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MEWBORN, ROSEMARY		3.2 NAME	
STREET ADDRESS	7807 WINDWARD WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAYS, CAROLYN		4.2 NAME	
STREET ADDRESS	19406 HIAWATHA ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	GRANT, CHARLES		5.2 NAME	THE TITLE FOR GRANT, CHARLES IS PRESIDENT
STREET ADDRESS	7809 PINEVIEW DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, JULIE		6.2 NAME	
STREET ADDRESS	7808 COLLEY ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John D Gray JOHN D. GRAY (T) 1/31/97 (813) 926-0238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045998