# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 04, 2004 8:00 am**
**Secretary of State**
02-04-2004 90063 002 ****61.25

DOCUMENT # 733662

1. Entity Name
WHISPERING PINES HOMEOWNERS' ASSOCIATION OF ODESSA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 111<br>ODESSA, FL 33556 US | P.O. BOX 111<br>ODESSA, FL 33556 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

01302004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2368612 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

BUCHANAN, CHARLES D
19404 HIAWATHA RD
ODESSA, FL 33556

**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 May 1, 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 | D<br>KLUBER, PATTI<br>8003 LUTZ LAKEFERN RD.<br>ODESSA, FL 33556 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Kiuber, Patti<br>8003 Lutz Lake Fern Rd.<br>Odessa, FL 33556 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BUCHANAN, DALE<br>19404 HIAWATHA RD<br>ODESSA, FL 33556 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>Buchanan, Charles<br>19404 Hiawatha Rd.<br>Odessa, FL 33556 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>BENNETT, GINGER<br>19506 PINE VALLEY DR<br>ODESSA, FL 33556 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Bennett, Ginger<br>19506-Pine Valley Dr.<br>Odessa, FL 33556 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRANT, CHARLES<br>7809 PINEVIEW DR.<br>ODESSA, FL 33556 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>Goins, Carol<br>7805 Windward Way<br>Odessa, FL 33556 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PHILLIPS, JULIE<br>7808 COLLEY ROAD<br>ODESSA, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>Robinson, Patricia<br>7805 Pineview Dr.<br>Odessa, FL 33556 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DEGAIN, DONALD<br>7807 PINEVIEW DR<br>ODESSA, FL 33556 | ☐ 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:** Charles D Buchanan Charles D. Buchanan 01.30.04 813 920-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #