2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 733662

1. Entity 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 US

01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLUBER, PATTI
STREET ADDRESS	8003 LUTZ LAKE FERN RD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	DT
NAME	BUCHANAN, DALE
STREET ADDRESS	19404 HIAWATHA RD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	D
NAME	BENNETT, GINGER
STREET ADDRESS	19506 PINE VALLEY DR
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	DP
NAME	GOINS, CAROL
STREET ADDRESS	7805 WINDWARD WAY
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	D
NAME	PHILLIPS, JULIE
STREET ADDRESS	7808 COLLEY ROAD
CITY-ST-ZIP	ODESSA, FL
TITLE	DV
NAME	DEGAIN, DONALD
STREET ADDRESS	7807 PINEVIEW DR
CITY-ST-ZIP	ODESSA, FL 33556

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01/18/07-80017-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Charles D Buchanan Charles D. Buchanan 01.11.07 813 920-2075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #