2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# 733662

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

Current Principal Place of Business:

7807 PINEVIEW DR.
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 111
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-2368612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHANAN, CHARLES D
19404 HIAWATHA RD
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS
Name: KLUBER, PATTI
Address: 8003 LUTZ LAKE FERN RD
City-St-Zip: ODESSA, FL 33556

Title: DT
Name: BUCHANAN, CHARLES D
Address: 19404 HIAWATHA RD
City-St-Zip: ODESSA, FL 33556

Title: D
Name: JARRETT, RICHARD
Address: 19308 PINE VALLEY DR
City-St-Zip: ODESSA, FL 33556

Title: DP
Name: GOINS, CAROL
Address: 7805 WINDWARD WAY
City-St-Zip: ODESSA, FL 33556

Title: D
Name: RADER, DEAN
Address: 19408 PINE VALLEY DR
City-St-Zip: ODESSA, FL 33556

Title: DV
Name: DEGAIN, DONALD
Address: 7807 PINEVIEW DR
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES D BUCHANAN DT 01/10/2011

Electronic Signature of Signing Officer or Director Date