

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90087 023 ****61.25

DOCUMENT # 733662

1. Entity Name

**WHISPERING PINES HOMEOWNERS' ASSOCIATION OF ODES
SA, INC.**



Principal Place of Business

P.O. BOX 111
ODESSA FL 33556
US

Mailing Address

P.O. BOX 111
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

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

DEGAIN, DONALD
7807 PINEVIEW DRIVE
ODESSA FL 33556-6434

7. Name and Address of New Registered Agent

Name

Charles D. Buchanan

Street Address (P.O. Box Number is Not Acceptable)

19404 Hiawatha Rd.

City

Odessa, FL

FL

Zip Code

33556

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

Charles D. Buchanan **Charles D. Buchanan** **Jan. 8, 2003**

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

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

TITLE ☐ Delete
NAME **D. KLUBER, PATTI**
STREET ADDRESS **8003 LUTZ LAKEFERN RD.**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Delete
NAME **T. BUCHANAN, DALE**
STREET ADDRESS **19404 HIAWATHA RD**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Delete
NAME **DS BENNETT, GINGER**
STREET ADDRESS **19506 PINE VALLEY DR**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Delete
NAME **D. GRANT, CHARLES**
STREET ADDRESS **7809 PINEVIEW DR.**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Delete
NAME **D. PHILLIPS, JULIE**
STREET ADDRESS **7808 COLLEY ROAD**
CITY-ST-ZIP **ODESSA FL**

TITLE ☒ Delete
NAME **P. DEGAIN, DONALD**
STREET ADDRESS **7807 PINEVIEW DR**
CITY-ST-ZIP **ODESSA FL 33556**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
NAME **Carol Goins**
STREET ADDRESS **7805 Windward Way**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE ☐ Change ☒ Addition
NAME **Goins, Carol**
STREET ADDRESS **7805 Windward Way**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D. Degain Donald**
STREET ADDRESS **7807 Pineview Dr.**
CITY-ST-ZIP **Odessa, FL 33556**

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 **Jan. 8, 2003** **813 922-2075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)