

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740180

FILED
Feb 24, 2009
Secretary of State

Entity Name: WHISPERING PINES VILLAGE, INC.

Current Principal Place of Business:

120 E. COLONIAL DR.
ORLANDO, FL 32801 US

New Principal Place of Business:

498 PALM SPRINGS DR.
#235
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

120 E. COLONIAL DR.
ORLANDO, FL 32801 US

New Mailing Address:

498 PALM SPRINGS DR.
#235
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-1921494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, JAMES W
498 PALM SPRINGS DR
SUITE 235
ALTAMONTE SPRINGS, FL 32701 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: D () Delete
Name: KERBIA, ALMA
Address: 117 RAINTREE DR
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: NACE, MICHAEL
Address: 129 WOODMILL RD
City-St-Zip: LONGWOOD, FL 32779

Title: P () Delete
Name: BLOOM, BONNIE
Address: 121 BRIDLEWOOD LANE
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: ESKIN, DONALD
Address: 128 WOODMILL RD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KERBEN, ALMA
Address: 117 RAINTREE DR
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: ULLRICH, DON
Address: 131 BRIDLEWOOD LN
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BONNIE BLOOM

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date