2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2010
Secretary of State

DOCUMENT# 768258

Entity Name: THE WHISPERING PALMS MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

222 BILL ALLEN CIRCLE
SEBASTIAN, FL 32958 US

New Principal Place of Business:

Current Mailing Address:

222 BILL ALLEN CIRCLE
SEBASTIAN, FL 32958 US

New Mailing Address:

FEI Number: 59-2350690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, ALVIN
222 BILL ALLEN CIRCLE
SEBASTIAN, FL 32958 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: PD
Name: CHUHALOFF, RISTIE
Address: 106 RICHARD STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: VPD
Name: ROBINSON, ALVIN
Address: 222 BILL ALLEN CIRCLE
City-St-Zip: SEBASTIAN, FL 32958

Title: SD
Name: PATTERSON, JOANNE
Address: 193 MEANIE CR W
City-St-Zip: SEBASTIAN, FL 32958

Title: TD
Name: MYDLARZ, MARY
Address: 218 BILL ALLEN CR W.
City-St-Zip: SEBASTIAN, FL 32958

Title: D
Name: BOARDMAN, BARBARA
Address: 201 MEANIE CR E.
City-St-Zip: SEBASTIAN, FL 32958

Title: D
Name: PARKIS, CLYDE
Address: 186 BILLY III
City-St-Zip: SEBASTIAN, FL 32958

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: MARY MYDLARZ TD 03/03/2010

Electronic Signature of Signing Officer or Director Date