

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90222 024 ****61.25

DOCUMENT # N06583
1. Entity Name
WHISPERING PINES EAST SUBDIVISION, INC.



Principal Place of Business Mailing Address
**8478 BAY CEDAR DR.
TALLAHASSEE FL 32310** **P.O. BOX 20452
TALLAHASSEE FL 32316**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
8478 Bay Cedar Dr

City & State City & State
Tallahassee

Zip Country Zip Country
32310 **Leony/USA**

00010010



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
**CHRSTIANSEN, MARJEAN
8478 BAYLEDAR DR.
TALLAHASSEE FL 32310**

4. FEI Number Applied For
59-0563128 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name **MarJean-Christiansen**
Street Address (P.O. Box Number is Not Acceptable)
8478 Bay Cedar Drive
City **Tallahassee** FL Zip Code **32310**

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 *MarJean Christiansen* *MarJean M. Christiansen* *Secretary* *Treasurer* *2/23/2005*
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
Due By May 1, 2005

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	P	<input type="checkbox"/> Delete
NAME	GANEY, AUDREY	
STREET ADDRESS	377 INKWOOD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHRSTIANSEN, MARJEAN	
STREET ADDRESS	8478 BAY CEDAR DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISCRUPE, DANIEL A	
STREET ADDRESS	268 CHINKAPIN LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS, COLLENE	
STREET ADDRESS	378 INKWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRINSON, EMMA	
STREET ADDRESS	277 POND PINE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWALL, MARY L	
STREET ADDRESS	278 POST OAK DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christiansen, MarJean	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *MarJean M. Christiansen* *MarJean M. Christiansen* *2/23/2005* *850-521-1276*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #