


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 8478 BAY CEDAR DR. TALLAHASSEE FL 32310		Mailing Address P.O. BOX 20452 TALLAHASSEE FL 32316	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8478 Bay Cedar Dr Suite, Apt. #, etc.	
City & State Zip		City & State Tallahassee Zip 32310	
Country USA		4. FEI Number 59-0563128	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRSTIANSEN, MARJEAN 8478 BAYLEDAR DR. TALLAHASSEE FL 32310		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 <i>MarJean M. Christiansen</i> MarJean M. Christiansen <i>Secretary</i> 2/23/2005 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANEY, AUDREY 377 INKWOOD TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHRSTIANSEN, MARJEAN 8478 BAY CEDAR DR. TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISCRUPE, DANIEL A 268 CHINKAPIN LANE TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, COLLENE 378 INKWOOD LANE TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRINSON, EMMA 277 POND PINE ROAD TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWALL, MARY L 278 POST OAK DR. TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	christiansen, MarJean	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>MarJean M. Christiansen</i> MarJean M. Christiansen <i>2/23/2005</i> 850-521-1276 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			