

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003305 (0)

1. Corporation Name

WHISPERING PINES MOBILE HOME COURT HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**322 PLEASANT PLACE
LOT 30
FROSTPROOF FL 33843**

**322 PLEASANT PLACE
LOT 30
FROSTPROOF FL 33843**

3. Date Incorporated or Qualified **07/22/1993** 3a. Date of Last Report **03/08/1995**

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

59-2659257

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, EUGENE
322 PLEASANT PL
LOT 30
FROSTPROOF FL 33843**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and state of residence)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	OUTMAN, EUNICE	328 PLEASANT PLACE	FROSTPROOF FL 33843-5008	<input type="checkbox"/>
VD	PIERSTORFF, HAROLD	325 PLEASANT PLACE	FROSTPROOF FL 33843-5008	<input checked="" type="checkbox"/>
SD	FLETCHER, ELINOR	221 LEISURE DR.	FROSTPROOF FL 33843-5008	<input checked="" type="checkbox"/>
TD	JOHNSON, EUGENE E	322 PLEASANT PLACE	FROSTPROOF FL 33843-5008	<input type="checkbox"/>
D	LUTTMAN, LOIS	210 SUNSHINE DR.	FROSTPROOF FL 33843-5008	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGED	ADDED
PD	SAME			<input type="checkbox"/>	<input type="checkbox"/>
VD	STEELE CLIFF	219 LEISURE DR.	FROSTPROOF FLA. 33843-5008	<input type="checkbox"/>	<input type="checkbox"/>
SD	EINOLF, MARGARET	202 SUNSHINE DR.	FROSTPROOF, FLA. 33843-5008	<input type="checkbox"/>	<input type="checkbox"/>
TD	SAME			<input type="checkbox"/>	<input type="checkbox"/>
D	SAME			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene E. Johnson 3/9/96 941-635-4218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OFFICER'S PHONE #
EUGENE E. JOHNSON IDEAS/CLIFF E. STEELE AGENT

CR2E037 (12/95)