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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mertham  
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 33843-5008

3. Date Incorporated or Qualified 07/22/1993  
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address  
21 328 PLEASANT PL 26 328 PLEASANT PL  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 City & State 27 City & State  
23 FROST PROOF, FL 28 FROST PROOF, FL  
Zip Country Zip Country  
24 33843 25 POLK 29 33843 30 POLK

4. FEI Number 59-2659257 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
JOHNSON, EUGENE  
322 PLEASANT PL  
LOT 30  
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent  
81 Name VENSEL, HOWARD  
82 Street Address (P.O. Box Number is Not Acceptable) 407 HARMONY LANE  
83  
84 City FROST PROOF FL 85 Zip Code 33843

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 Howard E Vensel DATE 3-17-97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OUTMAN, EUNICE	
STREET ADDRESS	328 PLEASANT PLACE	
CITY - ST - ZIP	FROSTPROOF FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, CLIFF	
STREET ADDRESS	219 LEISURE DR	
CITY - ST - ZIP	FROSTPROOF FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EINOLF, MARGARET	<i>CORRECTED</i>
STREET ADDRESS	202 SUNSHINE DR	<i>EINOLF, MARGARET</i>
CITY - ST - ZIP	FROSTPROOF FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, EUGENE E	
STREET ADDRESS	322 PLEASANT PLACE	
CITY - ST - ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUTTMAN, LOIS	
STREET ADDRESS	210 SUNSHINE DR.	
CITY - ST - ZIP	FROSTPROOF FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	SAME	
1.4 CITY - ST - ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PETRUZZI, SAL	
2.3 STREET ADDRESS	224 LEISURE DR.	
2.4 CITY - ST - ZIP	FROSTPROOF, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EINOLF, MARGARET	<i>(CORRECTION)</i>
3.3 STREET ADDRESS	202 SUNSHINE DR.	
3.4 CITY - ST - ZIP	FROSTPROOF, FLA	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VENSEL, HOWARD	
4.3 STREET ADDRESS	407 HARMONY LANE	
4.4 CITY - ST - ZIP	FROSTPROOF, FLA	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	SAME	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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 Date: Feb. 18, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0053690

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