## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

CITY-ST-ZIP

N93000003305 (0)

WHISPERING PINES MOBILE HOME COURT HOMEOWNER'S A SSOCIATION, INC.

Principal Place of Business Mailing Address 328 PLEASANT PLACE 328 PLEASANT PLACE 3. Date Incorporated or Qualified FROSTPROOF FL 83843 07/22/1993 FROSTPROOF FL 33843 4. FEI Number Applied For 59-2659257 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 407 HARMONY LANCES HARMONY LANC Fee Required Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Frost Proo Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? FLOPI Yes ☐ No 33843 Country 8. This corporation owes or has paid the current year Intangible OLK OLK Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HOWARD, VENSEL Street Address (P.O. Box Number is Not Acceptable) **407 HARMONY LANE** 83 **LOT 30** FORSTPROOF FL 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. E. Densel SIGNATURE HOWARD 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE **OUTMAN, EUNICE** NAME 1.2 NAME 328 PLEASANT PLACE STREET ADDRESS 1.3 STREET ADDRESS FROSTPROOF FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE X Change Addition TITLE PETRUZZI SAL 224 Leisure prive PETRUZZI, SUE NAME 2.2 NAME 224 LEISURE DRIVE 2.3 STREET ADDRESS STREET ADDRESS FROSTPROOF FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition ŠĎ 3.1 TITLE TITLE NAME EINOLF, MARGARET 3.2 NAME STREET ADDRESS 202 SUNSHINE DR 3.3 STREET ADDRESS FROSTPROOF FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME HOWARD, VENSEL 4.2 NAME **407 HARMONY LANE** STREET ADDRESS 4.3 STREET ADDRESS FROSTPROOF FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **LUTTMAN, LOIS** NAME 5.2 NAME 210 SUNSHINE DR. STREET ADDRESS 5.3 STREET ADDRESS Frostproof Fl CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address:

SIGNATURE: Howard Vensol: 35-125-

14. 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 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