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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003305

1. Corporation Name

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

DEPARTMENT OF STATE

Principal Place of Business

407 HARMONY LANE
 FROSTPROOF FL 33843
 US

Mailing Address

407 HARMONY LANE
 LOT 30
 FROSTPROOF FL 33843
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/22/1993

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

9. Name and Address of Current Registered Agent

HOWARD, VENSEL
 407 HARMONY LANE
 LOT 30
 FORSTPROOF FL 33843

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OUTMAN, EUNICE	
STREET ADDRESS	328 PLEASANT PLACE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETRUZZI, SAL	
STREET ADDRESS	224 LEISURE DRIVE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EINOLF, MARGARET	
STREET ADDRESS	202 SUNSHINE DR	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOWARD, VENSEL	
STREET ADDRESS	407 HARMONY LANE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input checked="" 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAROLD PIERSTORFF	
1.3 STREET ADDRESS	325 PLEASANT PLACE	
1.4 CITY-ST-ZIP	FROST PROOF FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DONALD SULLIVAN	
5.3 STREET ADDRESS	509 SUNSHINE DRIVE	
5.4 CITY-ST-ZIP	FROSTPROOF FL	
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 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 with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-98 941-635-1252

CR2E037 (11/98)