

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90006 011 ****61.25

DOCUMENT # 738152

1. Entity Name
WHISPERING PALMS SOCIAL CLUB, INC.



Principal Place of Business
**10305 US 1
SEBASTIAN, FL 32958**

Mailing Address
**10305 US 1
SEBASTIAN, FL 32958**

64010610



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1752374

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAPINEAU, LORRAINE M
132-A ALISA DR.
SEBASTIAN, FL 32958**

Name: _____
Street Address (P.O. Box Number is Not Acceptable)
10305 US 1
SEBASTIAN
City **SEBASTIAN** **FL** Zip Code **32958**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	<input type="checkbox"/> Delete
P	SMITS, JANET	150 PHYLLIS DR.	SEBASTIAN, FL 32958	<input type="checkbox"/>
V	BAKER, PHYLLIS	056 KIMBERLY ST.	SEBASTIAN, FL 32958	<input type="checkbox"/>
S	JAMES, NANCY	46 ALISA DR.	SEBASTIAN, FL 32958	<input type="checkbox"/>
T	PAPINEAU, LORRAINE	132-A ALISA DR.	SEBASTIAN, FL 32958	<input type="checkbox"/>
D	LINDER, DENISE	195 MEANIE CIRCLE	SEBASTIAN, FL 32958	<input type="checkbox"/>
D	OSBORNE, DON	219 A EDWARD DR.	SEBASTIAN, FL 32958	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	DONALD MAZZAIA	210 MEANIE CIRCLE EAST	SEBASTIAN FL 32958	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	BECKY WEISNER	234 BILL ALLEN CIRCLE EAST	SEBASTIAN FL 32958	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	NANCY JAMES	46 ALISA DR.	SEBASTIAN FL 32958	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I				<input type="checkbox"/>	<input type="checkbox"/>

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: _____

Lorraine M Papineau, Treasurer 2/17/04

Date

Daytime Phone #

LORRAINE M PAPINEAU