2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 8:00 am Secretary of State

DOCUMENT # 738152 1. Entity Name WHISPERING PALMS SOCIAL CLUB, INC.								ř .	03-13-2008	•		
10305 US HIGHWAY 1 1030				ing Address 305 US HIGHWAY 1 3ASTIAN, FL 32958			4					
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03102008 (Chg-NP	CR2E0	37 (12/06)	
City & State			City & State					4. FEI Number 59-17523	74	Applied For Not Applica		
Zip	Country		Žip		Cou	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current F	Registered	Agent				7. Name and Ac	dress of New R	Registered .	Agent	
BOARDMAN, BARBARA J						Name						
201 MEANIE CIRCLE EAST SEBASTIAN, FL 32958						Street Address (P.O. Box Number is Not Acceptable)						
				Cit			ty FL Zip Code					
									- sh - Ot-to -4 (7)		•	
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 a	nd title il applic	cable. (NOTE	: Registere	d Agent signature	required	when reinstating)		DATE		
			Т						Т			
Filing Fee is \$61.25 9. Election Campaign Final Trust Fund Contribution.							٠	\$5.00 May Be Added to Fees			k payable t trnent of S	
10.	OFFICERS AND DIRECTORS							ADDITIONS/CHAN	GES TO OFFICE	RS AND DI	RECTORS IN	l 10
TITLE	P Detete						Ď.''				☐ Change	Addition
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CITY-ST-ZIP						-ST-ZIP	حداً	Viennie	FILE	9 68		
TITLE							<u>>6.6</u>	sastian,	[L 32	-150	☐ Change	Addition
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STREET ADDRESS	BOARDMAN, BARBARA 201 MEANIE CIRCLE E							Jihmmy Si				
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STREET ADDRESS CITY-ST-ZIP						ST-ZIP	₹ું	Physicis	L r 3 ታ∂ ከፈነላፈ	ce		
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NAME	JAMES, NANCY				NAME	1	7h.	il Le Di Alisa	ane Noive		☐ charige	Addition
STREET ADDRESS						ET ADORESS						
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						ET ADDRESS						ĺ
CUTY-ST-ZIP	SEBASTI	AN, FL 32958		ST-ZIP								
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eath; 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.												
												-0846
SIGNATURE: 13 albourn & Boardina 03/10/08 518 229-0846												

Gaphyllis Drive

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