

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738152

FILED
Mar 03, 2009
Secretary of State

Entity Name: WHISPERING PALMS SOCIAL CLUB, INC.

Current Principal Place of Business:

10305 US HIGHWAY 1
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

10305 US HIGHWAY 1
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 59-1752374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOARDMAN, BARBARA J
201 MEANIE CIRCLE EAST
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAKER, PHYLLIS
Address: 174 KIMBERLY STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: V () Delete
Name: SMALL, JOANNE
Address: 40 ALISA DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: T () Delete
Name: BOARDMAN, BARBARA
Address: 201 MEANIE CIRCLE E
City-St-Zip: SEBASTIAN, FL 32958

Title: S () Delete
Name: LINDER, DENISE
Address: 200 MEANIE CIRCLE WEST
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: JAMES, NANCY
Address: 46 ALISA DR.
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: THARPE, BILL
Address: 198 MEANIE CIRCLE WEST
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THORPE, BILL
Address: 198 MEANIE CIRCLE WEST
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. BOARDMAN

T

03/03/2009

Electronic Signature of Signing Officer or Director

Date