NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90186 004 ****61.25

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DOCUMENT # 738152

1. Entity Name
WHISPERING PALMS SOCIAL CLUB, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
10305 US 1	10305 US 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBASTIAN FL	City & State: SEBASTIAN FL
Zip: 32958 Country: USA	Zip: 32958 Country: USA

4. FEI Number: 59-1752374 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of ~~Current~~ NEW Registered Agent

Name: LORRAINE M PAPINEAU

Street Address (P.O. Box Number is Not Acceptable): 132-A ALISA DR.

~~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: Lorraine M Papineau, Treasurer 3/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JANET SMITS 150 PHYLLIS DR. SEBASTIAN FL 32958	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PHYLLIS BAKER 056 KIMBERLY ST SEBASTIAN FL 32958	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NANCY JAMES 46 ALISA DR SEBASTIAN FL 32958	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LORRAINE PAPINEAU 132-A ALISA DR SEBASTIAN FL 32958	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENISE LINDER 195 MEANIE CIRCLE SEBASTIAN FL 32958	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DON OSBORNE 219 A EDWARD DR. SEBASTIAN FL 32958	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine M Papineau LORRAINE M PAPINEAU 3/19/03 772-388-5322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #