## 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 729425** 

Entity Name: WHISPERING PINES CLUB, INC.

**Current Principal Place of Business:** 

309 WHISPERING PINES ROAD GEORGETOWN, FL 32139

**Current Mailing Address:** 

113 SPANISH TRAIL

GEORGETOWN, FL 32139 US

FEI Number: 59-1886612 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAM PRENDERGAST EA, 113 SPANISH TRAIL GEORGETOWN, FL 32139 US

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

**FILED** 

Nov 12, 2021

**Secretary of State** 0455092585CC

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name PRENDERGAST, WILLIAM Name MICHELS, ELAINE

Address 113 SPANISH TRAIL Address WHISPERING PINES CLUB, INC. 105 PONDEROSA PINES COURT

City-State-Zip: GEORGETOWN FL 32139 City-State-Zip: GEORGETOWN FL 32139

**DIRECTOR** Title

Name MICHELS, ELAINE

Name MICHELS, ELAINE Address WHISPERING PINES CLUB. INC.

WHISPERING PINES CLUB, INC. Address 105 PONDEROSA PINES COURT

105 PONDEROSA PINES COURT GEORGETOWN FL 32139

Title

City-State-Zip: City-State-Zip: GEORGETOWN FL 32139

Title TREASURER

Name PRENDERGAST, WILLIAM J

WHISPERING PINES CLUB. INC. Address

105 PONDEROSA PINES COURT

City-State-Zip: GEORGETOWN FL 32139

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM PRENDERGAST

**PRESIDENT** 

**SECRETARY** 

11/12/2021

Electronic Signature of Signing Officer/Director Detail

Date