

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729425

Entity Name: WHISPERING PINES CLUB, INC.**Current Principal Place of Business:**105 PONDEROSA PINES CT
GEORGETOWN, FL 32139-9512**Current Mailing Address:**105 PONDEROSA PINES CT
GEORGETOWN, FL 32139-9512 US**FEI Number:** 59-1886612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOULTON, JEANNA
120 TEQUESTA 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**Officer/Director Detail :**

Title	PRESIDENT
Name	MICHELS, ELAINE R
Address	304 WHISPERING PINES RD
City-State-Zip:	GEORGETOWN FL 32139

Title	DIRECTOR
Name	COREY, CAROLYN
Address	109 OSCEOLA RD
City-State-Zip:	GEORGETOWN FL 32139

Title	DIRECTOR
Name	NAVARRA, WILLIAM
Address	220 PONDEROSA PINES CT
City-State-Zip:	GEORGETOWN FL 32139

Title	DIRECTOR
Name	MATHEWS, FRANK
Address	103 FIR CT
City-State-Zip:	GEORGETOWN FL 32139

Title	VP
Name	BRENNAN, WILLIAM J
Address	112 DOLPHIN DRIVE
City-State-Zip:	GEORGETOWN FL 32139

Title	DIRECTOR
Name	GLISSON, JUDY C
Address	109 OCALA DRIVE
City-State-Zip:	GEORGETOWN FL 32139

Title	DIRECTOR
Name	MEDDERS, ROBERT
Address	115 OSCEOLA ROAD
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: ELAINE MICHELS

PRESIDENT

02/26/2015

Electronic Signature of Signing Officer/Director Detail_____
Date