

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733662

Entity Name: WHISPERING PINES HOMEOWNERS' ASSOCIATION OF
ODESSA, INC.**Current Principal Place of Business:**7809 PINEVIEW DRIVE
ODESSA, FL 33556**Current Mailing Address:**P.O. BOX 111
ODESSA, FL 33556 US**FEI Number: 59-2368612****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRANT, CHARLES B
7809 PINEVIEW DRIVE
ODESSA, FL 33556 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:** CHARLES B. GRANT**04/16/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DS
Name KLUBER, PATTI
Address 8003 LUTZ LAKE FERN RD
City-State-Zip: ODESSA FL 33556Title DIRECTOR
Name DUGGER, DOUG
Address 19402 HIAWATHA ROAD
City-State-Zip: ODESSA FL 33556Title DIRECTOR
Name JARRETT, RICHARD
Address 19308 PINE VALLEY DR
City-State-Zip: ODESSA FL 33556Title DP
Name GOINS, CAROL
Address 7805 WINDWARD WAY
City-State-Zip: ODESSA FL 33556Title TREASURER
Name GRANT, CHARLES B
Address 7809 PINEVIEW DRIVE
City-State-Zip: ODESSA FL 33556

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: CHARLES GRANT**TREASURER****04/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date