2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2014
Secretary of State
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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 01/09/2014

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 33556

Title	DIRECTOR
Name	JARRETT, RICHARD
Address	19308 PINE VALLEY DR
City-State-Zip:	ODESSA FL 33556

Title	TREASURER
Name	GRANT, CHARLES B
Address	7809 PINEVIEW DRIVE
City-State-Zip:	ODESSA FL 33556

Title	DIRECTOR
Name	DUGGER, DOUG
Address	19402 HIAWATHA ROAD
City-State-Zip:	ODESSA FL 33556

Title	DP
Name	GOINS, CAROL
Address	7805 WINDWARD WAY
City-State-Zip:	ODESSA FL 33556

Title	DIRECTOR
Name	SIKORYAK, MIKE
Address	19314 PINEVALLEY 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: CAROL GOINS PRESIDENT 01/09/2014

Electronic Signature of Signing Officer/Director Detail — Date