

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738152

Entity Name: WHISPERING PALMS SOCIAL CLUB, INC.**Current Principal Place of Business:**10305 US HIGHWAY 1
SEBASTIAN, FL 32958**Current Mailing Address:**10305 US HWY 1 LOT 99
KAREN SCOTT
SEBASTIAN, FL 32958 US**FEI Number:** 59-1752374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCOTT, KAREN S
10305 US HWY 1 LOT 99
KAREN SCOTT
SEBASTIAN, FL 32958 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:** KAREN SUE SCOTT

03/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BERGERON, ALAIN
Address	166 EDWARD
City-State-Zip:	SEBASTIAN NY 32958

Title	SECRETARY
Name	DUDEK, KAREN
Address	14 ISABELLE AVENUE
City-State-Zip:	SEBASTIAN FL 32958

Title	TREASURER
Name	SCOTT, KAREN SUE
Address	10305 US HWY 1 LOT 99 KAREN SCOTT
City-State-Zip:	SEBASTIAN FL 32958

Title	DIRECTOR
Name	WAKEFIELD, TERRY
Address	41 ALISA DRIVE
City-State-Zip:	SEBASTIAN FL 32958

Title	VP
Name	SAMS, DIANE
Address	10305 US HWY 1
City-State-Zip:	SEBASTIAN FL 32958

Title	DIRECTOR
Name	MCDONALD, PAULA
Address	56 PHYLLIS DRIVE
City-State-Zip:	SEBASTIAN FL 32958

Title	DIRECTOR
Name	ROBIN, MARTY
Address	211 MEANIE CIRCLE
City-State-Zip:	SEBASTIAN FL 32958

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: KAREN SUE SCOTT

TREASURER

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date