

2021 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:**14 ISABELLE AVE
SEBASTIAN, FL 32958 US**FEI Number:** 59-1752374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUDEK, STANLEY J
14 ISABELLE AVE
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:** STANLEY J DUDEK

03/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DUDEK, KAREN M
Address 14 ISABELLE AVE
City-State-Zip: SEBASTIAN NY 32958

Title SECRETARY
Name MCCOMBS, SUZANNE
Address 108 EDWARDS ST
City-State-Zip: SEBASTIAN FL 32958

Title TREASURER
Name PERRY , SHELLEY
Address 221 BILL ALLEN CIRCLE WEST
City-State-Zip: SEBASTIAN FL 32958

Title DIRECTOR
Name WOOD, PAM
Address 45 ALISA DRIVE
City-State-Zip: SEBASTIAN FL 32958

Title DIRECTOR
Name DUDEK, STANLEY
Address 14 ISABELLE AVE
City-State-Zip: SEBASTIAN FL 32958

Title DIRECTOR
Name COSTA, MARJORIE
Address 137 JIMMY STREET
City-State-Zip: SEBASTIAN FL 32958

Title VP
Name BERGERON, ALAIN
Address 153 ALISA DRIVE
City-State-Zip: SEBASTIAN FL 32958

Title DIRECTOR
Name BASTONNAIS, RENALD
Address 122 ALISA STREET
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: STANLEY DUDEK**DIRECTER**

03/08/2021

Electronic Signature of Signing Officer/Director Detail

Date