

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740180

**Entity Name:** WHISPERING PINES VILLAGE, INC.**Current Principal Place of Business:**206 S. ELM AVENUE  
SANFORD, FL 32771**Current Mailing Address:**P O BOX 1569  
SANFORD, FL 32772 US**FEI Number:** 59-1921494**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALL ABOUT MANAGEMENT, INC.  
206 S. ELM AVENUE  
SANFORD, FL 32771 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	ULLRICH, DON
Address	P.O. BOX 1569
City-State-Zip:	SANFORD FL 32772

Title	VP
Name	BLOOM, BONNIE
Address	P.O. BOX 1569
City-State-Zip:	SANFORD FL 32772

Title	SEC/TR
Name	SPRYSENSKI, VICTORIA
Address	P.O. BOX 1569
City-State-Zip:	SANFORD FL 32772

Title	DIRECTOR
Name	COOK, CLAY
Address	P.O. BOX 1569
City-State-Zip:	SANFORD FL 32772

Title	DIRECTOR
Name	ONDO, JOHN
Address	PO BOX 1569
City-State-Zip:	SANFORD FL 32772

*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:** DON ULLRICH

PRESIDENT

02/11/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date