

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003305

**FILED**  
**Feb 09, 2015**  
**Secretary of State**  
**CC1172154390**

**Entity Name:** WHISPERING PINES MOBILE HOME COURT HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1555 WHISPERING PINES LOOP  
FROSTPROOF, FL 33843

**Current Mailing Address:**

1555 WHISPERING PINES LOOP  
FROSTPROOF, FL 33843 US

**FEI Number: 59-2659257**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COLLINS, LEE J  
529 VERSAILLES DR  
SUITE 103  
MAITLAND, FL 32751 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            SCHMIDT, TOM  
Address        1555 WHISPERING PINES LOOP  
City-State-Zip: FROSTPROOF FL 33843

Title            TREASURER  
Name            SCHMIDT, JANICE  
Address        1368 WHISPERING PINES DRIVE  
City-State-Zip: FROSTPROOF FL 33843

Title            VP  
Name            CAPRON, GARY  
Address        609 SUNSET CIRCLE  
City-State-Zip: FROSTPROOF FL 33843

Title            SECRETARY  
Name            MARSHALL, MARLENE  
Address        647 SUNSET CIRCLE  
City-State-Zip: FROSTPROOF FL 33843

Title            DIRECTOR  
Name            LAMBERT, LAWRENCE L  
Address        616 SUNSET CIRCLE  
City-State-Zip: FROSTPROOF FL 33843

Title            DIRECTOR  
Name            BROWN, RUSS  
Address        323 PLEASANT PLACE  
City-State-Zip: FROSTPROOF FL 33843

Title            DIRECTOR  
Name            RICH, BERTHA  
Address        218 LEISURE DR  
City-State-Zip: FROSTPROOF FL 33843

*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: MARLENE MARSHALL**

**SECRETARY**

**02/09/2015**

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

\_\_\_\_\_  
Date