

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003305

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

FILED
Feb 03, 2016
Secretary of State
CC4827264108

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 BROWN, RUSS
Address 323 PLEASANT PLACE
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

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date