

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000003305

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 TRAXLER, IVA
Address 325 PLEASANT PLACE
City-State-Zip: FROSTPROOF FL 33843

Title VP
Name MILLER, MARY L
Address 646 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 KAPRON, GARY
Address 609 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: LAWRENCE L LAMBERT

DIRECTOR

02/25/2014

Electronic Signature of Signing Officer/Director Detail

Date