

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 420941 (7)

1. Corporation Name

WHISPERING PINES TRAILER PARK, INC.



Principal Place of Business

235 SUNSET DRIVE NORTH
ST. PETERSBURG FL 33710

Mailing Address

235 SUNSET DRIVE NORTH
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified
03/12/1973

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

21 10075 Gandy Blvd
Suite, Apt. #, etc.

22 St Petersburg, Fla
City & State

23 Pinellas
Zip Country

24

2a. Mailing Address

26 PO Box 66407
Suite, Apt. #, etc.

27 St Pete Beach, Fla
City & State

28 33936 Pinellas
Zip Country

29 30

4. FEI Number

59-1487987

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PELOSI, GERALDINE M.
235 SUNSET DRIVE NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

PELOSI, Geraldine V.

82 Street Address (P.O. Box Number is Not Acceptable)

10075 Gandy Blvd 12498 15th

83

84 City

St Petersburg

FL

85 Zip Code

33706

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PELOSI, JOSEPH A.
STREET ADDRESS 235 SUNSET DRIVE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE VP
NAME PELOSI, GERALDINE
STREET ADDRESS 235 SUNSET DRIVE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME Geraldine M. Pelosi
STREET ADDRESS St Petersburg, Fla.
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pelosi, Joseph A.
1.2 NAME
1.3 STREET ADDRESS 4514 N. 1st Ave North
1.4 CITY-ST-ZIP St Petersburg FL 33713

2.1 TITLE Geraldine M. Pelosi
2.2 NAME
2.3 STREET ADDRESS 4514 N. 1st Ave North
2.4 CITY-ST-ZIP St Petersburg FL 33713

3.1 TITLE Secretary Treasurer
3.2 NAME Geraldine V. Pelosi
3.3 STREET ADDRESS 12498 15th
3.4 CITY-ST-ZIP St Petersburg FL 33706

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Geraldine V. Pelosi

Date

5/23/96

Daytime Phone #

CR2E034 (12/95)