FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708523 (6)

1. Corporation Name
WHISPERING PINES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% LOUISE LOCKWOOD 9071 RIDGELAND DRIVE MIAMI FL 33157	% LOUISE LOCKWOOD 9071 RIDGELAND DRIVE MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1965
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-6192618 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOCKWOOD, LOUISE
9071 RIDGELAND DR.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	Vice-President - D	☒ Change ☐ Addition
NAME	CLARK, DERRICK	1.2 NAME	Vic Lundstrom	
STREET ADDRESS	8601 CARIBBEAN BLVD	1.3 STREET ADDRESS	8760 S.W. 190th Street	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	CSD	2.1 TITLE	Corresponding Secretary	☒ Change ☐ Addition
NAME	MAGILL, DEE	2.2 NAME	Amy Chadwell	
STREET ADDRESS	9051 RIDGELAND DRIVE	2.3 STREET ADDRESS	18720 S.W. 89th Road	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	CSD	3.1 TITLE	Treasurer - D	☒ Change ☐ Addition
NAME	WELSH, GILBERT, MRS.	3.2 NAME	Tama S. Zakavec	
STREET ADDRESS	18680 SW 89TH COURT	3.3 STREET ADDRESS	8940 Ridgeland Drive	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	P	4.1 TITLE	President - D	☒ Change ☐ Addition
NAME	LOCKWOOD, JAY, MRS.	4.2 NAME	Tim Sander	
STREET ADDRESS	9071 RIDGELAND DR.	4.3 STREET ADDRESS	8905 S.W. 196th Drive	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	RSD	5.1 TITLE	Recording Secretary	☒ Change ☐ Addition
NAME	KUNZ, JOHN, MRS	5.2 NAME	Lisa Smith	
STREET ADDRESS	18425 CAROBBEAN BLVD	5.3 STREET ADDRESS	9111 Ridgeland Drive	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33157	
~~TITLE~~	~~Upll~~ ~~Upll~~	6.1 TITLE	~~Upll~~	☐ Change ☐ Addition
~~NAME~~	~~David Feinberg~~ ~~Jean Welch~~	6.2 NAME	~~Louise Lockwood~~	
~~STREET ADDRESS~~	~~9161 Caribbean Blvd.~~ ~~18680 SW 89 Ct.~~	6.3 STREET ADDRESS	~~9071 Ridgeland Drive~~	
~~CITY-ST-ZIP~~	~~Miami, FL 33157~~ ~~Miami, FL 33157~~	6.4 CITY-ST-ZIP	~~Miami, FL 33157~~	

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Tim Sander - President) 3/7/95 (305) 252-4160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C041944