

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date incorporated or Qualified
02/23/1965

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOCKWOOD, LOUISE
9071 RIDGELAND DR.
MIAMI FL 33157**

81 Name

Tim Sander

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

8905 S.W. 196th Drive

83

84 City

Miami

FL

85

Zip Code
33157

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent and date if applicable

Tim Sander - President

1/24/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **LUNDSTROM, VIC**
CITY-STATE-ZIP **8760 S.W. 190TH STREET**
MIAMI FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **CS**
STREET ADDRESS **CHADWELL, AMY**
CITY-STATE-ZIP **18720 S.W. 89TH ROAD**
MIAMI FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **ZAKAVEC, TAMA S**
CITY-STATE-ZIP **8940 RIDGELAND DRIVE**
MIAMI FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SANDER, TIM**
CITY-STATE-ZIP **8905 S.W. 196TH DRIVE**
MIAMI FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **RS**
STREET ADDRESS **SMITH, LISA**
CITY-STATE-ZIP **9111 RIDGELAND DRIVE**
MIAMI FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM SANDER

1/24/96

Date

Daytime Phone #

CR2E037 (12/95)