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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

% LOUISE LOCKWOOD
9071 RIDGELAND DRIVE
MIAMI FL 33157

Mailing Address

% LOUISE LOCKWOOD
9071 RIDGELAND DRIVE
MIAMI FL 33157-7155

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Hilda Cividanes		26 Hilda Cividanes		02/23/1965		02/12/1996	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 8802 S.W. 192nd Street		27 8802 S.W. 192nd Street		59-6192618		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Miami, FL		28 Miami, FL		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 33157		25 USA		29 33157		30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent					

SANDER, TIM
8905 SW 196TH DRIVE
MIAMI FL 33157

81 Name	Hilda Cividanes
82 Street Address (P.O. Box Number is Not Acceptable)	8802 S.W. 192nd Street
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: Hilda Cividanes - Hilda Cividanes (Corresponding Secretary) 1/14/97
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	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDSTROM, VIC	1.2 NAME	
STREET ADDRESS	8760 S.W. 190TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	CS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Corresponding Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADWELL, AMY	2.2 NAME	Hilda Cividanes
STREET ADDRESS	18720 S.W. 89TH ROAD	2.3 STREET ADDRESS	8802 S.W. 192nd Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKAVEC, TAMA S	3.2 NAME	
STREET ADDRESS	8940 RIDGELAND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDER, TIM	4.2 NAME	Ricardo Cividanes
STREET ADDRESS	8905 S.W. 196TH DRIVE	4.3 STREET ADDRESS	8930 S.W. 196th Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	RS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Recording Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LISA	5.2 NAME	Pamela Vila
STREET ADDRESS	9111 RIDGELAND DRIVE	5.3 STREET ADDRESS	8931 S.W. 196 Drive
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	"D" <input type="checkbox"/> DELETE	6.1 TITLE	"D" <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Feinberg	6.2 NAME	Louise Lockwood
STREET ADDRESS	9161 Caribbean Blvd.	6.3 STREET ADDRESS	9071 Ridgeland Dr.
CITY-ST-ZIP	Miami, FL 33157	6.4 CITY-ST-ZIP	Miami, FL 33157

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tama S. Zakavec Tama S. Zakavec (Treasurer) 1/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031271

CR2E037 (9/96)