


FILE NOW: FILING FEE IS \$61.25

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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708523** (6)
1. Corporation Name
WHISPERING PINES CIVIC ASSOCIATION, INC.



Principal Place of Business HILDA CIVIDANES 8802 SW 192ND STREET MIAMI FL 33157 US	Mailing Address HILDA CIVIDANES 8802 SW 192NS STREET MIAMI FL 33157 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/23/1965
4. FEI Number 59-6192618
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HILDA CIVIDANES 8802 SW 192ND STREET 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 85 Zip Code
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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) 7/8/98
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 NAME STREET ADDRESS CITY-ST-ZIP	VPD LUNDSTROM, VIC 8760 S.W. 190TH STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS HILDA CIVIDANES 8802 SW 192ND STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAKAVEC, TAMA S 8940 RIDGELAND DRIVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIVIDANES, RICARDO 8930 SW 196TH STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS VILA, PAMELA 8931 SW 196TH DRIVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINBERG 9161 CARIBBEAN BLVD. MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Vice - Pres Gino Romeo 19440 Whispering Pines Rd Miami, FL 33157
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD Amy Chadwell 18720 SW 89 Rd Miami, FL 33157
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	RS Joseph Terrano 19550 Whispering Pines Rd Miami, FL 33157
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Tim Sanders 8905 SW 196Dr Miami, FL 33157

14. I hereby certify that the information supplied with this filing 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 Hilda Cividanes 7/8/98

CR2E037 (10/97)