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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708523

1. Corporation Name
WHISPERING PINES CIVIC ASSOCIATION, INC.

563509 - 90011 - 36

Principal Place of Business	Mailing Address
HILDA CIVIDANES 8802 SW 192ND STREET MIAMI FL 33157 US	HILDA CIVIDANES 8802 SW 192NS STREET MIAMI FL 33157 US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 571262 Mia, FL 33257	3. Date Incorporated or Qualified 02/23/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6192618 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 **FL** 85 Zip Code

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 _____ 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	☑ DELETE	1.1 TITLE	VP	☐ Change ☐ Addition
NAME	ROMEO, GINO		1.2 NAME	RICARDO CIVIDANES	
STREET ADDRESS	19440 WHISPERING PINES RD		1.3 STREET ADDRESS	8930 SW 196 Dr.	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	CS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HILDA CIVIDANES		2.2 NAME		
STREET ADDRESS	8802 SW 192ND STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	CHADWELL, AMY		3.2 NAME	LUCY HILL	
STREET ADDRESS	18720 S W 89TH ROAD		3.3 STREET ADDRESS	19250 SW 87th Ave.	
CITY-ST-ZIP	MIAMI FL 33157		3.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	P	☐ DELETE	4.1 TITLE	P	☐ Change ☐ Addition
NAME	CIVIDANES, RICARDO		4.2 NAME	MIKE SCHULER	
STREET ADDRESS	8930 SW 196TH STREET		4.3 STREET ADDRESS	9030 Ridgeland Dr.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	RS	☐ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME	TERRANO, JOSEPH		5.2 NAME	D Louise Lockwood	
STREET ADDRESS	19550 WHISPERING PINES ROAD		5.3 STREET ADDRESS	9071 Ridgeland Dr.	
CITY-ST-ZIP	MIAMI FL 33157		5.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	SANDERS, TIM		6.2 NAME	Heather Cividanes	
STREET ADDRESS	8905 S W 196 DRIVE		6.3 STREET ADDRESS	8802 SW 192 St.	
CITY-ST-ZIP	MIAMI FL 33157		6.4 CITY-ST-ZIP	Miami, FL 33157	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Hilda Cividanes SIGNATURE REQUIRED 5/20/99 (305) 238-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #