

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90042 044 ****61.25

DOCUMENT # 708523

1. Entity Name

WHISPERING PINES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

HILDA CIVIANES
8802 SW 192ND STREET
MIAMI FL 33157
US

P.O. BOX 571262
MIAMI FL 33157
US

2. Principal Place of Business

3. Mailing Address

Louise I. Lockwood **9071 Ridgeland Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Florida

Zip

Country

Zip

Country

33157 USA

4. FEI Number

59-6192618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILDA CIVIANES
8802 SW 192ND STREET
MIAMI FL 33157

Name **Louise I. Lockwood**

Street Address (P.O. Box Number is Not Acceptable)
9071 Ridgeland Drive

City **Miami**

FL

Zip Code

33157

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Louise I. Lockwood

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-2001

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete
 NAME **CIVIANES, RICARDO**
 STREET ADDRESS **8930 SW 196 DR.**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **CS** ☒ Delete
 NAME **HILDA CIVIANES**
 STREET ADDRESS **8802 SW 192ND STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete
 NAME **HILL, LUCY**
 STREET ADDRESS **19250 SW 87TH AVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **P** ☒ Delete
 NAME **SCHULER, MIKE**
 STREET ADDRESS **9030 RIDGELAND DR.**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Delete
 NAME **LOCKWOOD, LOUISE**
 STREET ADDRESS **9071 RIDGELAND DR.**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☒ Delete
 NAME **CIVIANES, HEATHER**
 STREET ADDRESS **8802 SW 192 ST**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Mark Defino**
 STREET ADDRESS **8940 S.W. 187 street**
 CITY-ST-ZIP **Miami, Florida 33157**

TITLE **CS** ☒ Change ☐ Addition
 NAME **Louise I. Lockwood**
 STREET ADDRESS **9071 Ridgeland Drive**
 CITY-ST-ZIP **Miami, Florida 33157**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
 NAME **Mark Hyde**
 STREET ADDRESS **19220 S.W. 88 Court**
 CITY-ST-ZIP **Miami, FL 33157**

TITLE **P** ☒ Change ☐ Addition
 NAME **Schuler, Mike**
 STREET ADDRESS **9030 Ridgeland**
 CITY-ST-ZIP **Miami, FL 33157**

TITLE **D** ☒ Change ☐ Addition
 NAME **Civianes, Hilda**
 STREET ADDRESS **8802 S.W. 192nd St.**
 CITY-ST-ZIP **Miami, Florida 33157**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louise I. Lockwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/01 (305) 235-6709

Date

Daytime Phone #

CR2E037 (10/00)