

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708523

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** WHISPERING PINES CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

8711 SW 193 TERRACE  
CUTLER BAY, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

8771 SW 193 TERRACE  
CUTLER BAY, FL 33157 US

**New Mailing Address:**

8711 SW 193 TERRACE  
CUTLER BAY, FL 33157 US

**FEI Number:** 59-6192618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARINAS, FIDELMA  
8711 SW 193 TERRACE  
CUTLER BAY, FL 33157 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: JONES, JENNY  
Address: 18820 SW 92 AVENUE  
City-St-Zip: CUTLER BAY, FL 33157 US

Title: VD  
Name: ZIPAY, MARK  
Address: 9130 RIDGELAND DR  
City-St-Zip: CUTLER BAY, FL 33157 US

Title: TD  
Name: FARINAS, FIDELMA  
Address: 8711 SW 193 TERRACE  
City-St-Zip: CUTLER BAY, FL 33157 US

Title: PD  
Name: BROOKS, JENNIFER  
Address: 9101 RIDGELAND DRIVE  
City-St-Zip: CUTLER BAY, FL 33157 US

Title: SD  
Name: HAMATY, KRISIA  
Address: 19720 WHISPERING PINES BLVD  
City-St-Zip: CUTLER BAY, FL 33157

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** FIDELMA FARINAS

TD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date