2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2005 8:00 am Secretary of State **DOCUMENT #727975** 04-11-2005 90187 006 ****61.25 WHISPERING PINES CLUB CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 50036346 1001 W. MARION AVENUE 1001 W. MARION AVENUE PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E037 (10/03) Chg-NP City & State City & State 4. FEI Number Applied For 59-1767598 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAYLOR, JACK Street Address (P.O. Box Number is Not Acceptable) 1001 W. MARION AVENUE #4 PUNTA GORDA, FL 33950 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition COLWELL, BERNIE NAME NAME STREET ADDRESS 1001 W. MARION AVE #9 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE MAURY, DEBBIE MAME NAME 1001 W. MARION AVE #16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE TAYLOR, KATHLEEN NAME NAME STREET ADDRESS 1001 W MARION AVE #4 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change Addition TAYLOR, JACK NAME NAME 1001 W MARION AVE #4 STREET ADDRESS STREET ADORESS CITY-ST-ZIP PUNTA GORDA, FL CITY-ST-7IP VPD TTHE □ Delete MLE ☐ Change ☐ Addition NAME DENYER, JACK NAME STREET ADDRESS 7231 SURFWOOD DRIVE STREET ADDRESS CITY-ST-ZIP FENTON, MI CITY-ST-ZIP IIILE . Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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: \(\)

FILED