

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727975

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** WHISPERING PINES CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1001 W. MARION AVENUE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

1001 W. MARION AVENUE  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 59-1767598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, JACK  
1001 W. MARION AVENUE #4  
PUNTA GORDA, FL 33950 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: VP ( ) Delete  
Name: COLWELL, BERNIE  
Address: 1001 W. MARION AVE #9  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP ( ) Delete  
Name: MAURY, DEBBIE  
Address: 7339 POWDER PUFF  
City-St-Zip: PUNTA GORDA, FL 33950

Title: STD ( ) Delete  
Name: TAYLOR, KATHLEEN  
Address: 1001 W MARION AVE #4  
City-St-Zip: PUNTA GORDA, FL

Title: PD ( ) Delete  
Name: TAYLOR, JACK  
Address: 1001 W MARION AVE #4  
City-St-Zip: PUNTA GORDA, FL

Title: VD ( ) Delete  
Name: WHITAKER, GARY  
Address: 1001 W. MARION AVE #12  
City-St-Zip: PUNTA GORDA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MIDGETT, DEBBIE  
Address: 7339 POWDER PUFF  
City-St-Zip: PUNTA GORDA, FL 33950

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACK TAYLOR

PRES

01/06/2009

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

\_\_\_\_\_  
Date