

7294125

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SECRETARY OF STATE  
TALLAHASSEE, FL

2018 DEC 20 PM 3:28

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Whispering Pines Club, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 729425

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erum S. Kistemaker

Name of Contact Person

Chiumento, Dwyer, Hertel, Grant & Kistemaker

Firm/Company

120 E. Granada Blvd

Address

Ormond Beach, FL 32176

City/State and Zip Code

ekistemaker@legalteamforlife.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erum S. Kistemaker

Name of Contact Person

at ( 386 ) 310-7997

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Whispering Pines Club, Inc.
2. The principal office address: 105 Ponderosa Pines Court  
Georgetown, FL 32139
3. The mailing address (if different): Chiumento, Dwyer, Hertel, Grant & Kistemaker  
120 E. Granada Blvd, Ormond Beach, FL 32176
4. Date of incorporation/qualification: 4/15/1974 Document number: 729425
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joan O'Connor

101 Pine Cone Dr.

Georgetown, FL 32139

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chiumento, Dwyer, Hertel, Grant & Kistemaker, c/o Erum S. Kistemaker

120 E. Granada Blvd

P.O. Box NOT acceptable

Ormond Beach, FL 32176

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Joan M. O'Connor  
Signature of an officer or director

Joan O'Connor

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

ESK  
Signature of Registered Agent

12-10-18  
Date

If signing on behalf of an entity:

Erum S. Kistemaker

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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