



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90028 003 \*\*\*\*61.25

<b>DOCUMENT # 733662</b> 1. Entity Name <b>WHISPERING PINES HOMEOWNERS' ASSOCIATION OF ODESSA, INC.</b>					
Principal Place of Business P.O. BOX 111 ODESSA, FL 33556 US			Mailing Address P.O. BOX 111 ODESSA, FL 33556 US		
2. Principal Place of Business		3. Mailing Address		  01142005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number <b>59-2368612</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BUCHANAN, CHARLES D</b> <b>19404 HIAWATHA RD</b> <b>ODESSA, FL 33556</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	<b>D S</b> <b>KLUBER, PATTI</b>	<input type="checkbox"/> Delete	TITLE	<b>DP</b> <b>Carol Goins</b> <b>7805 Windward Way</b> <b>Odessa, FL 33556</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8003 LUTZ LAKE FERN RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ODESSA, FL 33556</b>		CITY-ST-ZIP		
TITLE	<b>DT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHANAN, DALE</b>		NAME		
STREET ADDRESS	<b>19404 HIAWATHA RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ODESSA, FL 33556</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, GINGER</b>		NAME		
STREET ADDRESS	<b>19506 PINE VALLEY DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ODESSA, FL 33556</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRANT, CHARLES</b>		NAME		
STREET ADDRESS	<b>7809 PINEVIEW DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ODESSA, FL 33556</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, JULIE</b>		NAME		
STREET ADDRESS	<b>7808 COLLEY ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ODESSA, FL</b>		CITY-ST-ZIP		
TITLE	<b>D VP</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEGAIN, DONALD</b>		NAME		
STREET ADDRESS	<b>7807 PINEVIEW DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ODESSA, FL 33556</b>		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.					
<b>SIGNATURE: Charles D Buchanan</b> <i>Charles D. Buchanan</i> 1/24/05 813920-2025					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					