


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90165 049 \*\*\*\*61.25

<b>DOCUMENT # 733662</b> 1. Entity Name <b>WHISPERING PINES HOMEOWNERS' ASSOCIATION OF ODESSA, INC.</b>					
Principal Place of Business <b>P.O. BOX 111 ODESSA, FL 33556 US</b>			Mailing Address <b>P.O. BOX 111 ODESSA, FL 33556 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2368612</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
<b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>BUCHANAN, CHARLES D 19404 HIAWATHA RD 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)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KLUBER, PATTI 8003 LUTZ LAKE FERN RD ODESSA, FL 33556</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT BUCHANAN, DALE 19404 HIAWATHA RD ODESSA, FL 33556</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENNETT, GINGER 19506 PINE VALLEY DR ODESSA, FL 33556</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRANT, CHARLES 7809 PINEVIEW DR. ODESSA, FL 33556</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PHILLIPS, JULIE 7808 COLLEY ROAD ODESSA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV DEGAIN, DONALD 7807 PINEVIEW DR ODESSA, FL 33556</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Carol Goings 7805 Windward Way Odessa, FL 33556</b>				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Charles D. Buchanan / Charles D. Buchanan</u> Jan. 5, 2006</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

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