


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90037 040 \*\*\*\*61.25

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>DOCUMENT # 733662</b><br>1. Entity Name<br>WHISPERING PINES HOMEOWNERS' ASSOCIATION OF<br>ODESSA, INC.  |  |   |  |         |   |
| Principal Place of Business<br>P.O. BOX 111<br>ODESSA, FL 33556 US   |  |   | Mailing Address<br>P.O. BOX 111<br>ODESSA, FL 33556 US   |  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |   |
| City & State   |  | City & State  |  | 4. FEI Number<br>59-2368612  |   |
| Zip  |  | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent<br><br>BUCHANAN, CHARLES D<br>19404 HIAWATHA RD<br>ODESSA, FL 33556  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 _____<br><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<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KLUBER, PATTI<br>8003 LUTZ LAKE FERN RD<br>ODESSA, FL 33556 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>BUCHANAN, DALE<br>19404 HIAWATHA RD<br>ODESSA, FL 33556    | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BENNETT, GINGER<br>19506 PINE VALLEY DR<br>ODESSA, FL 33556 | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D Richard <del>James</del> Jarrett<br>19308 Pine Valley Dr<br>Odessa, FL 33556-4120<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>GOINS, CAROL<br>7805 WINDWARD WAY<br>ODESSA, FL 33556      | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PHILLIPS, JULIE<br>7808 COLLEY ROAD<br>ODESSA, FL           | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>DEGAIN, DONALD<br>7807 PINEVIEW DR<br>ODESSA, FL 33556     | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br><input checked="" 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:</b> <u>Charles D Buchanan</u> <u>Charles D Buchanan</u> 02-22-08   |  |   |  |  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |  |   |

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