

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733662

FILED
Jan 08, 2009
Secretary of State

Entity Name: WHISPERING PINES HOMEOWNERS' ASSOCIATION OF ODESSA, INC.

Current Principal Place of Business:

P.O. BOX 111
ODESSA, FL 33556 US

New Principal Place of Business:

7807 PINEVIEW DR.
ODESSA, FL 33556 US

Current Mailing Address:

P.O. BOX 111
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-2368612 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUCHANAN, CHARLES D
19404 HIAWATHA RD
ODESSA, FL 33556 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: DS () Delete
Name: KLUBER, PATTI
Address: 8003 LUTZ LAKE FERN RD
City-St-Zip: ODESSA, FL 33556

Title: DT () Delete
Name: BUCHANAN, DALE
Address: 19404 HIAWATHA RD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: JARRETT, RICHARD
Address: 19308 PINE VALLEY DR
City-St-Zip: ODESSA, FL 335564120

Title: DV () Delete
Name: GOINS, CAROL
Address: 7805 WINDWARD WAY
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: PHILLIPS, JULIE
Address: 7808 COLLEY ROAD
City-St-Zip: ODESSA, FL

Title: DP () Delete
Name: DEGAIN, DONALD
Address: 7807 PINEVIEW DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: GRANT, CHARLES B
Address: 7809 PINEVIEW DR
City-St-Zip: ODESSA, FL 33556

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: CHARLES D. BUCHANAN

DT

01/08/2009

Electronic Signature of Signing Officer or Director

Date