

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733662

FILED  
Jan 11, 2010  
Secretary of State

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

**Current Principal Place of Business:**

7807 PINEVIEW DR.  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**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  
Name: KLUBER, PATTI  
Address: 8003 LUTZ LAKE FERN RD  
City-St-Zip: ODESSA, FL 33556

Title: DT  
Name: BUCHANAN, CHARLES D  
Address: 19404 HIAWATHA RD  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: JARRETT, RICHARD  
Address: 19308 PINE VALLEY DR  
City-St-Zip: ODESSA, FL 33556

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

Title: D  
Name: GRANT, CHARLES B  
Address: 7809 PINEVIEW DR  
City-St-Zip: ODESSA, FL 33556

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES D. BUCHANAN

DT

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date