

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90182 035 ****61.25

DOCUMENT # 738152

1. Entity Name
WHISPERING PALMS SOCIAL CLUB, INC.



Principal Place of Business
**10305 US 1
SEBASTIAN, FL 32958**

Mailing Address
**10305 US 1
SEBASTIAN, FL 32958**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1752374

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAPINEAU, LORRAINE M.
10305 US 1
SEBASTIAN, FL 32958**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MAZZAIA, DONALD**
STREET ADDRESS **210 MEANIE CIRCLE EAST.**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **V** ☐ Delete
NAME **BAKER, PHYLLIS**
STREET ADDRESS **056 KIMBERLY ST.**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **S** ☒ Delete
NAME **WEISNER, BECKY**
STREET ADDRESS **234 BILL ALLEN CIRCLE EAST.**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **T** ☐ Delete
NAME **DAPINEAU, LORRAINE**
STREET ADDRESS **132-A ALISA DR.**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **D** ☐ Delete
NAME **JAMES, NANCY**
STREET ADDRESS **46 ALISA DR.**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **D** ☒ Delete
NAME **OSBORNE, DON**
STREET ADDRESS **219 A EDWARD DR.**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
NAME **BAKER, PHYLLIS**
STREET ADDRESS **173 KIMBERLY ST**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **S** ☐ Change ☒ Addition
NAME **HEICHEL, NANCY**
STREET ADDRESS **121 DEBBIE ST**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **T** ☒ Change ☐ Addition
NAME **PAPINEAU, LORRAINE**
STREET ADDRESS **258 CLIFFORD DR.**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **ROBERT NORBERG, ROBERT**
STREET ADDRESS **214 BILL ALLEN CIRCLE W**
CITY-ST-ZIP **SEBASTIAN FL 32958**

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.

SIGNATURE:

Lorraine M Papineau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORRAINE M PAPINEAU

3/1/05

Date

772-388-5322

Daytime Phone #