

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765673

FILED
Jan 27, 2009
Secretary of State

Entity Name: WHISPERING PINES RESIDENTIAL ASSOCIATION, INC.

Current Principal Place of Business:

1941 NW 150 AVE
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

1941 NW 150 AVE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 65-0104238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLIAKOFF, GARY A. J.D.
BECKER & POLIAKOFF PA
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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: PD () Delete
Name: SANFORD, MARKS
Address: 3201 SW 31ST TERRACE
City-St-Zip: DAVIE, FL 33330

Title: DRS () Delete
Name: MITTELSTAEDT, DIANE
Address: 3401 SW 131 TERR
City-St-Zip: DAVIE, FL

Title: VPD () Delete
Name: STARZYK, STAN
Address: 13230 SW 32ND COURT
City-St-Zip: DAVIE, FL 33330

Title: TD () Delete
Name: ZUCKER, MICHAEL
Address: 13141 SW 33ND COURT
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: FATTIZZI, ANTHONY
Address: 3200 SW 131ST TERRACE
City-St-Zip: DAVIE, FL 33330

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: () 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: SANFORD MARKS

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date