2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765674

FILED Jul 05, 2007 Secretary of State

Entity Name: WHISPERING PINES HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

8769 PINE VALLEY LANE C/O DUVAL REALTY, INC

JACKSONVILLE, FL 32244 US 9310-802 OLD KINGŚ ROAD SOUTH

JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

8769 PINE VALLEY LANE C/O DUVAL REALTY, INC.

JACKSONVILLE, FL 32244 US 9310-802 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 US

FEI Number: 59-2316950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARKER, BEA DUVAL REALTY, INC.

8769 PINÉ VALLEY LANE 9310 OLD KINGŚ ROAD SOUTH

JACKSONVILLE, FL 32244 US SUITE 802
JACKSONVILLE, FL 32257 US

The above named entity submits this statement for the purpose of changing its registered effice or registered

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: PATRICIA A. MALLARD, AGENT 07/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 LANKTON, JERRY
 Name:
 HODZ, HARVEY

 Address:
 8773 PINEVALLEY LANE
 Address:
 8770 PINEVALLEY LANE

 City-St-Zip:
 JACKSONVILLE, FL 32244 US
 City-St-Zip:
 JACKSONVILLE, FL 32244 US

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 COFFEY, STEVE
 Name:
 COFFEY, STEVE

 Address:
 8753 PINE VALLEY LN
 Address:
 8753 PINEVALLEY LANE

 City-St-Zip:
 JACKSONVILLE, FL 32244 US
 City-St-Zip:
 JACKSONVILLE, FL 32244 US

 $\label{eq:title:DVP} \mbox{Title:} \mbox{ DVP} \mbox{ () Delete} \mbox{ Title:} \mbox{ D} \mbox{ (X) Change () Addition}$

Name: HODZ, HARVEY Name: CLINE, CARL W

Address: 8770 PINEVALLEY LANE Address: 1326 HONEYSUCKLE DRIVE City-St-Zip: JACKSONVILLE, FL 32244 US City-St-Zip: JACKSONVILLE, FL 32259 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 CLINE, CARL
 Name:
 RHODEN, SAMUEL K

 Address:
 1326 HONEYSUCKLE DRIVE
 Address:
 8532 PINEVERDE LANE

 City-St-Zip:
 JACKSONVILLE, FL 32259 US
 City-St-Zip:
 JACKSONVILLE, FL 32259 US

Name: PATRICK, JUDY Name: WORROCK, ANGELA

Address: 8683 PINE VALLEY LN Address: 5608 COLONY PINE CIRCLE NORTH City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244

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: HARVEY HODZ PD 07/05/2007