


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90019 011 ****61.25

DOCUMENT # 765674 1. Entity Name WHISPERING PINES HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.					
Principal Place of Business C/O DUVAL REALTY, INC. 9310-802 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 US			Mailing Address C/O DUVAL REALTY, INC. 9310-802 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2316950	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUVAL REALTY, INC. 9310 OLD KINGS ROAD SOUTH SUITE 802 JACKSONVILLE, FL 32257				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HODZ, HARVEY		NAME		
STREET ADDRESS	8770 PINEVALLEY LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COFFEY, STEVE		NAME		
STREET ADDRESS	8753 PINEVALLEY LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLINE, CARL W		NAME	PRESIDENT/DIRECTOR CLINE, CARL W	
STREET ADDRESS	1326 HONEYSUCKLE DRIVE		STREET ADDRESS	904 LATRIS LOOP	
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP	ST JOHNS FL 32259	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RHODEN, SAMUEL K		NAME	DIRECTOR VUGMAN, ALEX	
STREET ADDRESS	8532 PINEVERDE LANE		STREET ADDRESS	1821 FOREST GLEN WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WORROCK, ANGELA		NAME		
STREET ADDRESS	5608 COLONY PINE CIRCLE NORTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Patricia A. Mallard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/25/08 Daytime Phone # (904) 367-1818		