2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 765674

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

Current Principal Place of Business:

C/O DUVAL REALTY, INC.
9310-802 OLD KINGS ROAD SOUTH
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

C/O DUVAL REALTY, INC.
9310-802 OLD KINGS ROAD SOUTH
JACKSONVILLE, FL 32257 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

DUVAL REALTY, INC.
9310 OLD KINGS ROAD SOUTH
SUITE 802
JACKSONVILLE, FL 32257 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: STD ( ) Delete
Name: COFFEY, STEVE
Address: 8753 PINEVALLEY LANE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: P/D ( ) Delete
Name: CLINE, CARL W
Address: 904 WATRIS LOOP
City-St-Zip: ST. JOHN'S, FL 32259 US

Title: D ( ) Delete
Name: VUGMAN, ALEX
Address: 1821 FOREST GLEN WAY
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: D ( ) Delete
Name: WORROCK, ANGELA
Address: 5608 COLONY PINE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: SHUGRUE, FREDDIE
Address: 8689 PINEVALLEY LANE
City-St-Zip: JACKSONVILLE, FL 32257

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: CARL W. CLINE P/D 03/24/2009

Electronic Signature of Signing Officer or Director — Date