

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765674

FILED  
Mar 15, 2011  
Secretary of State

**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  
**Name:** COFFEY, STEVE  
**Address:** 8753 PINEVALLEY LANE  
**City-St-Zip:** JACKSONVILLE, FL 32244 US

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

**Title:** D  
**Name:** VUGMAN, ALEX  
**Address:** 1820 FOREST GLEN WAY  
**City-St-Zip:** SAINT AUGUSTINE, FL 32092 US

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

**Title:** VP  
**Name:** SHUGRUE, FREDDIE  
**Address:** 8689 PINEVALLEY LANE  
**City-St-Zip:** JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

**SIGNATURE:** CARL W. CLINE

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date