2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765674

FILED Feb 06, 2012 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

C/O DUVAL REALTY, INC. C/O DUVAL REALTY, INC 9310-802 OLD KINGS ROAD SOUTH

9310-902 OLD KINGŚ ROAD SOUTH

JACKSONVILLE, FL 32257

Current Mailing Address:

JACKSONVILLE, FL 32257

FEI Number: 59-2316950

SUITE 802

New Mailing Address: C/O DUVAL REALTY, INC

C/O DUVAL REALTY, INC 9310-802 OLD KINGS ROAD SOUTH

9310-902 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257

JACKSONVILLE, FL 32257 FEI Number Applied For ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DUVAL REALTY, INC DUVAL REALTY, INC 9310 OLD KINGŚ ROAD SOUTH

9310 OLD KINGS ROAD SOUTH

SUITE 902

FEI Number Not Applicable ()

JACKSONVILLE, FL 32257 US

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: PA MALLARD

JACKSONVILLE, FL 32257 US

02/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

COFFEY, STEVE Name:

C/O DUVAL REALTY 9310-902 OLD KINGS RD S Address:

City-St-Zip: JACKSONVILLE, FL 32257 US

Title:

Name: CLINE, CARL W

Address: C/O DUVA LREALTY 9310-902 OLD KINGS RD S

City-St-Zip: JACKSONVILLE, FL 32257 US

Title:

VUGMAN, ALEX Name:

C/O DUVAL REALTY 9310-902 OLD KINGS RD S Address:

City-St-Zip: JACKSONVILLE, FL 32257 US

Title:

Name: WORROCK, ANGELA

C/O DUVA LREALTY 9310-902 OLD KINGS RD S Address:

City-St-Zip: JACKSONVILLE, FL 32257

Title:

SHUGRUE, FREDDIE Name:

C/O DUVAL REALTY 9310-902 OLD KINGS RD S Address:

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.

PRES SIGNATURE: CARL W. CLINE