

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 765813**

1. Entity Name  
**WHISPERING PINES LAKEVIEW CATALINA  
HOMEOWNERS ASSOCIATION, INCORPORATED**



Principal Place of Business  
**COCOA WEST COMMUNITY CENTER  
230 SOUTH BURNETTE ROAD  
COCOA, FL 32926 US**

Mailing Address  
**PO BOX 3331  
COCOA, FL 32924 US**



04112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0030825**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BROTHERS, DOUGLAS  
3715 BROPHY BLVD  
COCOA, FL 32926**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000906887  
05/05/08-80016-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PB ROBINSON, THERESA 3610 CATALINA DR. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VB DAVIS, EVELYN 3746 CATALINA DR. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD BRITT, JULIUS 3782 CATALINA DR COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, JUANITA V. 3832 SHORT STREET COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CEASER, CASSANDRA 3892 SHORT ST COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD WILSON, WILLA 3712 BROCKINGTON CIRLCE COCOA, FL 32926

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Juanita V. Brown* **Juanita V. BROWN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-08** (321)632-8154

Date

Daytime Phone #