

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765813

FILED
Apr 09, 2009
Secretary of State

Entity Name: WHISPERING PINES LAKEVIEW CATALINA HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

COCOA WEST COMMUNITY CENTER
230 SOUTH BURNETTE ROAD
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3331
COCOA, FL 32924 US

New Mailing Address:

FEI Number: 65-0030825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROTHERS, DOUGLAS
3715 BROPHY BLVD
COCOA, FL 32926 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: PB () Delete
Name: ROBINSON, THERESA
Address: 3610 CATALINA DR.
City-St-Zip: COCOA, FL 32926

Title: VB () Delete
Name: DAVIS, EVELYN
Address: 3746 CATALINA DR.
City-St-Zip: COCOA, FL 32926

Title: ASD () Delete
Name: BRITT, JULIUS
Address: 3782 CATALINA DR
City-St-Zip: COCOA, FL 32926

Title: TD () Delete
Name: BROWN, JUANITA V.
Address: 3832 SHORT STREET
City-St-Zip: COCOA, FL 32926

Title: SD () Delete
Name: CEASER, CASSANDRA
Address: 3892 SHORT ST
City-St-Zip: COCOA, FL 32926

Title: ATD () Delete
Name: WILSON, WILLA
Address: 3712 BROCKINGTON CIRLOE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HARRIS, SHARON
Address: 3682 CATALINA DRIVE
City-St-Zip: COCOA, FL 32926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASD (X) Change () Addition
Name: CEASER, CASSANDRA
Address: 3892 SHORT ST
City-St-Zip: COCOA, FL 32926

Title: ATD (X) Change () Addition
Name: BRITT, JULIUS
Address: 3782 CATALINA DRIVE
City-St-Zip: COCOA, FL 32926

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: THERESA ROBINSON

PB

04/09/2009

Electronic Signature of Signing Officer or Director

Date