

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768258

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE WHISPERING PALMS MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

222 BILL ALLEN CIRCLE
SEBASTIAN, FL 32958 US

New Principal Place of Business:

Current Mailing Address:

222 BILL ALLEN CIRCLE
SEBASTIAN, FL 32958 US

New Mailing Address:

FEI Number: 59-2350690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, ALVIN
222 BILL ALLEN CIRCLE
SEBASTIAN, FL 32958 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: PD () Delete
Name: CHUHALOFF, RISTIE
Address: 106 RICHARD STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: VPD () Delete
Name: ROBINSON, ALVIN
Address: 222 BILL ALLEN CIRCLE
City-St-Zip: SEBASTIAN, FL 32958

Title: SD () Delete
Name: SKOVE, MARYELLEN
Address: 192 MEANIE CIRCLE
City-St-Zip: SEBASTIAN, FL 32958

Title: TD () Delete
Name: KOZMER, JACQUELINE
Address: 43 ALISA DR
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: BLAIS, JOHN
Address: 86 MARK ALLEN DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: JAMES, RICHARD
Address: 46 ALISA DRIVE
City-St-Zip: SEBASTIAN, FL 32958

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

Title: D (X) Change () Addition
Name: MYDLARZ, MARY
Address: 218 BILL ALLEN CR. W.
City-St-Zip: SEBASTIAN, FL 32958

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: MARY MYDLARZ

D

03/06/2009

Electronic Signature of Signing Officer or Director

Date