2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # N0000005481 1. Entity Name WHISPERING PINES VILLAGE OF HERITAGE PINES, INC.				04-24-2006 90356 047 ****61.25				
Principal Place of Business 11524 SCENIC HILLS BLVD. HUDSON, FL 34667 Mailing Address 11524 SCENIC HILLS BLVD. HUDSON, FL 34667			D.	60029478				
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2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03312006 Ch	ig-NP	CR2E037 (11/05)		
City & Stat		City & State	-	4. FEI Number		Ar	oplied For	
Hud	500 FC	7:0	Country	59-368601	5		t Applicable	
3466	7 USA	Zip	Country	5. Certificate of Sta	atus Desired	S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ess of New Re	egistered Agent		
WASHBURN, PAMELA \$				<u> CVHOS / 1/4///6AA</u>				
11524 SCENIC HILLS BLVD. HUDSON, FL 34667			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
HODSON,	FE 34007		11524	Scenic	HIIS	Blvd		
'	/		City	idson		FL Zip Cod	1447	
	e named entity submits this statement for	or the purpose of changing its req	gistered office or regis		the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE	tions of registered agent.	1 EVA	ns Mu i	lliBAN Ge	n Mgr.	4.19.	Œ	
	Signature, typed or preyed unter of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requ	uired when reinstating)	U	DATE		
	Signature, typed or professional of recogniced agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Ma	DATE ake check payable to da Department of St		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS ND DII	9. Election Campa	aign Financing atribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	M: Flori	ake check payable to da Department of SI	tate	
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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 of 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:

SIGNATURE AND TYPETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytone Phone #

SIGNATURE: