

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90356 047 ****61.25

60029478



03312006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3686015** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N00000005481
1. Entity Name
WHISPERING PINES VILLAGE OF HERITAGE PINES, INC.



Principal Place of Business
**11524 SCENIC HILLS BLVD.
HUDSON, FL 34667**

Mailing Address
**11524 SCENIC HILLS BLVD.
HUDSON, FL 34667**

2. Principal Place of Business **11524 Scenic Hills Blvd**
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State **Hudson FL**
Zip **34667** Country **USA**

City & State
Zip Country

6. Name and Address of Current Registered Agent
**WASHBURN, PAMELA S
11524 SCENIC HILLS BLVD.
HUDSON, FL 34667**

7. Name and Address of New Registered Agent
Name **EVANS Mulligan**
Street Address (P.O. Box Number is Not Acceptable)
11524 Scenic Hills Blvd
City **Hudson** FL Zip Code **34667**

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 **EVANS Mulligan Gen Mgr.** DATE **4-19-06**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTTO, DICK		NAME	Judy McAnally	
STREET ADDRESS	11524 SCENIC HILLS BLVD.		STREET ADDRESS	11524 Scenic Hills Blvd	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	Hudson, FL 34667	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULETTE, DORIS		NAME	Mary Fries	
STREET ADDRESS	11524 SCENIC HILL BLVD.		STREET ADDRESS	11524 Scenic Hills Blvd	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	Hudson, FL 34667	
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSCH, RONNY		NAME		
STREET ADDRESS	11524 SCENIC HILL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	VPO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN, PAMELA S		NAME		
STREET ADDRESS	11524 SCENIC HILL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Ronald Krusch** Date **4/17/06** Daytime Phone # **727-862-4180**