

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90081 017 ****61.25

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**

40072584



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062007 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3686015

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULLIGAN, EVANS
11524 SCENIC HILLS BLVD.
HUDSON, FL 34667**

Name **DOUG WALKOWIAK**
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

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, 2007**

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 **P** ☐ Delete
NAME **MCANALLY, JUDY**
STREET ADDRESS **11524 SCENIC HILLS BLVD**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **FRIES, MARY**
STREET ADDRESS **11524 SCENIC HILLS BLVD**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **KRUSCH, RONNY**
STREET ADDRESS **11524 SCENIC HILL BLVD.**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #