

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005481

FILED
Apr 29, 2009
Secretary of State

Entity Name: WHISPERING PINES VILLAGE OF HERITAGE PINES, INC.

Current Principal Place of Business:

11524 SCENIC HILLS BLVD.
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

11524 SCENIC HILLS BLVD.
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3686015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERLE, MARCIA
11524 SCENIC HILLS BLVD.
HUDSON, FL 34667 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: P () Delete
Name: MCANALLY, JUDY
Address: 11524 SCENIC HILLS BLVD
City-St-Zip: HUDSON, FL 34667

Title: P () Delete
Name: FRIES, MARY
Address: 11524 SCENIC HILLS BLVD
City-St-Zip: HUDSON, FL 34667

Title: DST () Delete
Name: KRUSCH, RONNY
Address: 11524 SCENIC HILL BLVD.
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CRAIG, HARRY
Address: 11524 SCENIC HILLS BLVD
City-St-Zip: HUDSON, FL 34667

Title: S/T (X) Change () Addition
Name: KRUSCH, RONALD DR.
Address: 11524 SCENIC HILL BLVD.
City-St-Zip: HUDSON, FL 34667

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: JUDY MCANALLY

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date