
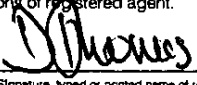
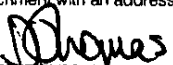


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90003 022 ****61.25

DOCUMENT # N02000009236			
1. Entity Name WHISPERING PINES MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 58671 OVERSEAS HIGHWAY LOT 23 MARATHON, FL 33050		Mailing Address 58671 OVERSEAS HIGHWAY LOT 23 MARATHON, FL 33050	
2. Principal Place of Business - No P.O. Box # 58671 OVERSEAS HWY		3. Mailing Address 58600 MORTON ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARATHON FL		City & State MARATHON FL	
Zip 33050	Country USA	Zip 33050	Country USA
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEBO, EARL 5867 OVERSEAS HWY #28 MARATHON, FL 33050		Name DAVID THOMAS	
		Street Address (P.O. Box Number is Not Acceptable)	
		58600 MORTON ST	
		City MARATHON	FL Zip Code 33050
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 		DATE 5/30/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$81.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	P BEBO, EARL 58671 OVERSEAS HWY LOT #28 MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT TIMOTHY BOWER 58671 OVERSEAS HWY LOT #32 MARATHON, FL 33050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT RALSTON, ROSLYN 58671 OVERSEAS HWY LOT 20 MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWER, DEBI 58671 OVERSEAS HWY LOT 32 MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WITTER, JEAN 58671 OVERSEAS HWY LOT #39 MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIMMONS, LYNN 58671 OVERSEAS HWY LOT #34 MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, DAVE 58671 OVERSEAS HWY LOT 16 MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY DAVID THOMAS 58600 MORTON ST MARATHON, FL 33050 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		DATE 5/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	