

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002983

FILED
Oct 11, 2005
Secretary of State

Entity Name: THE WOODLANDS OF WHISPERING PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3123 SUSAN DR
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

3123 SUSAN DR
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FREED, ANNA M
3123 SUSAN DR
CRESTVIEW, FL 32536 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: ANNA M. FREED

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREED, ANNA M
Address: 3123 SUSAN DR
City-St-Zip: CRESTVIEW, FL 32536

Title: VPD () Delete
Name: FREED, JASON A
Address: 870 WINDRIVER DR
City-St-Zip: SYKESVILLE, MD 21784

Title: STD () Delete
Name: FREED, JOHN W
Address: 13830 COOLEY DR
City-St-Zip: PRINCESS ANNE, MD 21853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FREED, ANNA M
Address: 3123 SUSAN DR
City-St-Zip: CRESTVIEW, FL 32536

Title: VPD (X) Change () Addition
Name: FREED, JASON A
Address: 13830 COOLEY DR
City-St-Zip: PRINCESS ANNE, MD 21853

Title: STD (X) Change () Addition
Name: FREED, JOHN W
Address: 870 WINDRIVER DR
City-St-Zip: SYKESVILLE, MD 21784

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANNA M. FREED

Electronic Signature of Signing Officer or Director

PRES

10/11/2005

Date