

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000002983

**FILED**  
**Jul 17, 2014**  
**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:**

3123 SUSAN DR  
CRESTVIEW, FL 32536 US

**Current Mailing Address:**

3123 SUSAN DR  
CRESTVIEW, FL 32536

**New Mailing Address:**

870 WINDRIVER DR  
SYKESVILLE, MD 212784 US

**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: FREED, ANNA M.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FREED, ANNA M  
Address: 3123 SUSAN DR  
City-St-Zip: CRESTVIEW, FL 32536 US

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

Title: STD  
Name: FREED, HELEN M  
Address: 2205 NORTHWOOD AVE  
City-St-Zip: SALISBURY, MD 21801

I hereby 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 all other like empowered.

SIGNATURE: ANNA M. FREED

PRES

07/17/2014

Electronic Signature of Signing Officer or Director

Date