

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-11-2006 90109 048 ****61.25

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1. Entity Name
**WHISTLING PINES CREEK HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**13150 BSICAYNE BAY TERR.
N. MIAMI, FL 33181**

Mailing Address
**13150 BSICAYNE BAY TERR.
N. MIAMI, FL 33181**

66011540



04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1734909

Applied For:
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOLDEN, RICHARD A
12000 BISCAYNE BLVD., SUITE 500
N. MIAMI, FL 33181**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GAMBOA, ROLANDO
STREET ADDRESS	13150 BSICAYNE BAY TERR.
CITY - ST - ZIP	N. MIAMI, FL 33181
TITLE	SD
NAME	GOLDEN, RICHARD A
STREET ADDRESS	12000 BISCAYNE BLVD., SUITE 500
CITY - ST - ZIP	N. MIAMI, FL 33181
TITLE	D
NAME	GAMBOA, AILON
STREET ADDRESS	13150 BSICAYNE BAY TERR.
CITY - ST - ZIP	N. MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Rolando Gamboa **Rolando GAMBOA** 4/20/06 305-892-4197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone