

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011417

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE RESIDENCES AT WHISPERING PINES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2731 BLAIRSTONE ROAD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

933 PARK VIEW DRIVE
TALLAHASSEE, FL 32311

New Mailing Address:

3551 BLAIRSTONE RD #128-124
TALLAHASSEE, FL 32301

FEI Number: 20-5086085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIN, TSUNG-YUAN
933 PARK VIEW DRIVE
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

HOGUE, ANITA
4130 FOUR OAKS BLVD
TALLAHASSEE, FL 32311 US

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: ANITA HOGUE

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RESPASS-BROWN, RITA
Address: 2731 BLAIRSTONE ROAD APT 152
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: LIN, TSUNG-YUAN
Address: 933 PARK VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: TD () Delete
Name: BAILEY, BROOKE
Address: 2731 BLAIRSTONE ROAD APT 186
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: LIN, TSUNG-YUAN
Address: PO BOX 345
City-St-Zip: TALLAHASSEE, FL 32302

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

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: TSUNG-YUAN LIN

SD

03/20/2009

Electronic Signature of Signing Officer or Director

Date