

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008271

FILED
Apr 30, 2009
Secretary of State

Entity Name: WHISPERING PINES OF POLK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

296 PINE SHADOW LANE
AUBURNDAL, FL 33823

New Principal Place of Business:

Current Mailing Address:

296 PINE SHADOW LANE
AUBURNDAL, FL 33823

New Mailing Address:

PO BOX 638
AUBURNDAL, FL 33823

FEI Number: 20-5521095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, JASON
296 PINE SHADOW LANE
AUBURNDAL, FL 33823 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: GAMBLE-GREEN, KIMBERLY
Address: 302 PINE SHADOW LANE
City-St-Zip: AUBURNDAL, FL 33823

Title: DS () Delete
Name: TAYLOR, KELLY
Address: 428 PINE SHADOW LANE
City-St-Zip: AUBURNDAL, FL 33823

Title: DT () Delete
Name: WARREN, JASON
Address: 296 PINE SHADOW LANE
City-St-Zip: AUBURNDAL, FL 33823

Title: D () Delete
Name: SETTLE, PATRICIA
Address: 446 PINE SHADOW LANE
City-St-Zip: AUBURNDAL, FL 33823

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: WARREN, JASON J
Address: 296 PINE SHADOW LANE
City-St-Zip: AUBURNDAL, FL 33823

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

Title: DP () Change (X) Addition
Name: BAUMAN, MARYANN
Address: 318 PINE SHADOW LANE
City-St-Zip: AUBURNDAL, FL 33823

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: JASON J. WARREN

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date