

FILE NOW: FILING FEE IS \$61.25

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98 APR -2 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06583** (1)

1. Corporation Name

**WHISPERING PINES EAST SUBDIVISION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 20452  
TALLAHASSEE FL 32316

P.O. BOX 20452  
TALLAHASSEE FL 32316

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

8. Name and Address of Current Registered Agent

LINGERFELT, SHIRLEY  
8476 BULK DR  
TALLAHASSEE FL 32310

81 Name

82 Street Address

83

84 City

FL 85 Zip Code  
32316

3. Date Incorporated or Qualified

12/11/1984

4. FEI Number

59-0563128

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LINGERFELT, SHIRLEY  
STREET ADDRESS P.O. BOX 20452, N/A  
CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE ☐ DELETE

NAME PAFFORD, JAMES  
STREET ADDRESS P.O. BOX 20452, N/A  
CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE ☒ DELETE

NAME HATCHET, TINA  
STREET ADDRESS P.O. BOX 20452, N/A  
CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE ☐ DELETE

NAME FINK, SANDRA  
STREET ADDRESS P.O. BOX 20452, N/A  
CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE ☐ DELETE

NAME WHITFIELD, BETTY  
STREET ADDRESS P.O. BOX 20452, N/A  
CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE ☐ DELETE

NAME WHITFIELD, C.J.  
STREET ADDRESS P.O. BOX 20452, N/A  
CITY-ST-ZIP TALLAHASSEE FL 32316

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME WILLIAM SIGMAN (BILL)  
1.3 STREET ADDRESS P.O. BOX 20452 N/A  
1.4 CITY-ST-ZIP TALLAHASSEE FL 32316

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME KENY WADE  
2.3 STREET ADDRESS P.O. BOX 20452 N/A  
2.4 CITY-ST-ZIP TALLAHASSEE FL 32316

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Denise Little  
3.3 STREET ADDRESS P.O. BOX 20452 N/A  
3.4 CITY-ST-ZIP TALLAHASSEE FL 32316

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 100002483261--9  
4.3 STREET ADDRESS -04/09/98--01005--001  
4.4 CITY-ST-ZIP \*\*\*\*\*61.25

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 4/2/98  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Shirley Lingerfelt

850-525-5647

CR2E037 (10/97)