2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90071 017 ****61.25 DOCUMENT # N06583 Entity Name WHISPERING PINES EAST SUBDIVISION, INC. Principal Place of Business Mailing Address P.O. BOX 20452 P.O. BOX 20452 TALLAHASSEE, FL 32316 TALLAHASSEE, FL 32316 2. Principal Place of Business 8478 Bay Ceclar Dr 2. Mailing Address POBOX 2045 2 Suite, Apt. #, etc. 01262004 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-0563128 Applied For Tallahassee tallahassee Fl Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Leon -2017 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MarJean Christiansen WHISPERING PINES EAST HOM WHERS ASSOC Street Address (P.O. Box Number is Not Acceptable) PO BOX 20452 TALLAHASSEE, FL 32310 8478 Bay Cedar Dr 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 n M Christiansen 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition | TITLE Delete TITLE Andrey Ganey NAME WADE, KENT NAME STREET ADDRESS STREET ADDRESS 8473 BAY CEDAR DR. Tallahassec FL 32310 CITY - ST - ZIP TALLAHASSEE, FL 32310 CITY-ST-7IP 5/T/D martean Christiansen 8478 Bay Cedar Dr Tallahassee Fl 32310 **⊠** Delete TITLE D ☐ Change Addition TITLE SHICK, KEVIN NAME NAME STREET ADDRESS 8474 BAY CEDAR DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP TITLE Delete ☐ Change Addition Mariel A ISCRUPE. COLLINS, BRENDA NAME NAME -268 Chinkapin Lane STREET ADDRESS 8495 BAY CEDAR DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP Tallahassee FL 32310 Delete College Elkins 378 Folkwoodleine Tallahassee FL32310 TITLE TITLE ☐ Change **M** Addition MCDOWELL, SANDY NAME NAME STREET ADDRESS 397 MASTIC LANE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP 2mma Brinson 277 Pond Pine ☐ Delete **X** Change TITLE TITLE ☐ Addition BRINSON, EMMA NAME NAME 277 POND PINE ROAD STREET ADDRESS STREET ADDRESS Tailahassee .FL 32310 CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP TITLE mary Lischwall 278 Postoak Dr ☐ Change X Addition TITLE Delete NAME HAMILTON, TAMMY STREET ADDRESS 351 POST OAK DRIVE STREET ADDRESS TallahassecfL32310 CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP 12. 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 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.

FILED

Daytime Phone #



Machinery 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL	. REPORT				
DOCUMENT #N06583					
1. Entity Name WHISPERING PINES EAST SUBDIVISION, INC.					
Principal Place of Business P.O. BOX 20452	Mailing Address P.O. BOX 20452		1.110.00	1	
TALLAHASSEE, FL 32316	TALLAHASSEE, FL 32316		24651784		
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2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01262004 Chg-NP . CR2E037 (10/03)		
City & State City & State			4. FEI Number 59-0563128	Applied For Not Applicable	
Zip Country	Zip	Country		8.75 Additional	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag		
WHISPERING PINES EAST HOME OWNERS ASSOC PO BOX 20452 TALLAHASSEE, FL 32310		Name	Name Street Address (P.O. Box Number is Not Acceptable)		
		Street Address			
		City		Zip Code	
9. The chara named acting a horizontal this statement to	or the oursees of shenging its		FL		
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registered office or regis	ereo agent, or both, in the state of Florida. Familiar	minar with, and accept	
SIGNATURE		Man	as Christansin	4/3/04	
Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent signature regul	ed when reinstating) DATE	,	
			** **		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees Make check provided Department		
	Trust Fund C	· · · -	WO.OO May be	nent of State	
10. OFFICERS AND DI	Trust Fund C	Contribution.	Added to Fees Florida Departm ADDITIONS/CHANGES TO OFFICERS AND DIRE	nent of State	
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