


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90143 028 ****61.25

DOCUMENT # N06583 1. Entity Name WHISPERING PINES EAST SUBDIVISION, INC.					
Principal Place of Business 8478 BAY CEDAR DR. TALLAHASSEE, FL 32310				Mailing Address 8478 BAY CEDAR DR TALLAHASSEE, FL 32310	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0563128	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHRSITIANSSEN, MARJEAN 8478 BAY CEDAR DR TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANEY, AUDREY 377 INKWOOD TALLAHASSEE, FL 32310			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHRISTIANSEN, MARJEAN 8478 BAY CEDAR DR. TALLAHASSEE, FL 32310			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISCRUPE, DANIEL A 268 CHINKAPIN LANE TALLAHASSEE, FL 32310			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, COLLENE 378 INKWOOD LANE TALLAHASSEE, FL 32310			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRINSON, EMMA 277 POND PINE ROAD TALLAHASSEE, FL 32310			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWALL, MARY L 278 POST OAK DR. TALLAHASSEE, FL 32310			<input type="checkbox"/> Delete	
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.				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
SIGNATURE: <i>Marjean Christiansen</i> <i>Marjean Christiansen</i>				Date: <i>3/30/07</i> Daytime Phone: <i>521-1276</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					