

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06583

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** WHISPERING PINES EAST SUBDIVISION, INC.

**Current Principal Place of Business:**

8478 BAY CEDAR DR.  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

8478 BAY CEDAR DR.  
TALLAHASSEE, FL 32310

**New Mailing Address:**

PO BOX 2612  
TALLAHASSEE, FL 32316

**FEI Number:** 59-0563128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHRSITIANSEN, MARJEAN  
8478 BAY CEDAR DR  
TALLAHASSEE, FL 32310 US

**Name and Address of New Registered Agent:**

CHRISTIANSEN, MARJEAN M  
8478 BAY CEDAR DR  
TALLAHASSEE, FL 32310 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:** MARJEAN M CHRISTIANSEN

04/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** STD  
**Name:** CHRISTIANSEN, MARJEAN M  
**Address:** 8478 BAY CEDAR DR.  
**City-St-Zip:** TALLAHASSEE, FL 32310

**Title:** D  
**Name:** ISCRUPE, DANIEL A  
**Address:** 268 CHINKAPIN LANE  
**City-St-Zip:** TALLAHASSEE, FL 32310

**Title:** VD  
**Name:** BRINSON, EMMA  
**Address:** 277 POND PINE ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32310

I hereby 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 all other like empowered.

**SIGNATURE:** MARJEAN M CHRISTIANSEN

STD

04/22/2010

Electronic Signature of Signing Officer or Director

Date