

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N06583

FILED
Apr 30, 2003
Secretary of State

Entity Name: WHISPERING PINES EAST SUBDIVISION, INC.

Current Principal Place of Business:

P.O. BOX 20452
TALLAHASSEE, FL 32316

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20452
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 59-0563128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, KENT
8473 BAY CEDAR DR
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

WHISPERING PINES EAST HOME OWNERS ASSOC
PO BOX 20452
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: BRENDA L. COLLINS

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WADE, KENT
Address: 8473 BAY CEDAR DR.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: SHICK, KEVIN
Address: 8474 BAY CEDAR DR.
City-St-Zip: TALLAHASSEE, FL 32310

Title: TSD () Delete
Name: COLLINS, BRENDA
Address: 8495 BAY CEDAR DR.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: MCDOWELL, SANDY
Address: 397 MASTIC LANE
City-St-Zip: TALLAHASSEE, FL 32310

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

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

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

Title: D () Change (X) Addition
Name: BRINSON, EMMA
Address: 277 POND PINE ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Change (X) Addition
Name: HAMILTON, TAMMY
Address: 351 POST OAK DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRENDA L. COLLINS

TSD

04/30/2003

Electronic Signature of Signing Officer or Director

Date