

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07498

FILED
Apr 30, 2005
Secretary of State

Entity Name: WHISPERING PINES MOBILE HOMEOWNERS ASSOCIATION,INC.

Current Principal Place of Business:

3736 KIRKWOOD CIRCLE
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

3736 KIRKWOOD CIRCLE
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 59-2627162 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WONNACOTT, KENNETH
3736 KIRKWOOD CIRCLE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: KNICKERBOCKER, KATHY
Address: 3722 KIRKWOOD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: TORRES, TOMMY
Address: 3748 KIRKWOOD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: MAGLIN, GRACE
Address: 3753 KIRKWOOD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD () Delete
Name: WONNACOTT, KENNETH
Address: 3736 KIRKWOOD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: EPPERSON, CATHRINE
Address: 7961 PATRICIAN CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: BENNETT, JOHN
Address: 3731BOANZA
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD (X) Change () Addition
Name: BARROW, PAULETTE
Address: 3869 AROS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

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

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

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: KENNETH WONNACOTT

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date