

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07498

FILED
Mar 10, 2007
Secretary of State

Entity Name: WHISPERING PINES MOBILE HOMEOWNERS ASSOCIATION,INC.

Current Principal Place of Business:

3878 SHERATON CIRCLE
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

3878 SHERATON 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 ()

Name and Address of Current Registered Agent:

JACKSON, DON
3878 SHERATON 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: PD () Delete
Name: JACKSON, DON
Address: 3878 SHERATON CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: KARPOWICH, JEAN
Address: 3782 CHALLENGER CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: HANLEY, THELMA
Address: 3918 REDMAN PARKWAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD () Delete
Name: SHOULTS, LYNWOOD
Address: 3752 REDMAN PARKWAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: EPPERSON, CATHRINE
Address: 3735 NEW MOON PARKWAY
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: METZ, CORALEE
Address: 3745 REDMAN PARKWAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD (X) Change () Addition
Name: KARPOWICH, JEAN
Address: 3782 CHALLENGER 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 Chapter 119, 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: DONALD D JACKSON

PD

03/10/2007

Electronic Signature of Signing Officer or Director

Date