## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000003127

FILED Jan 15, 2009 Secretary of State

Entity Name: WHISPERING PINES VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2119 WHISPERING PINES DRIVE SEBRING, FL 33872 **Current Mailing Address: New Mailing Address:** 2119 WHISPERING PINES DRIVE SEBRING, FL 33872 FEI Number: 26-2278247 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSBRUGH, JO ANN 2119 WHISPÉRING PINES DRIVE SEBRING, FL 33872 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DILLON, PETER Name: Name: 2329 KIRSTEN DR Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MACDIARMID, RORY Name: MACDIARMID, RORY Name: Address: 8 FRINGEWOOD DR. SITTSVILLE, ONTARIO Address: 8 FRINGEWOOD DR. City-St-Zip: CANADA K2S 1T1, OC City-St-Zip: SITTSVILLE, ON K2S 1T1 Title: () Delete Title: () Change () Addition ROSBRUGH, JO ANN Name: Name: 2119 WHISPERING PINES DR Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: ( ) Delete Title: DS Title: () Change () Addition HARBAUGH, JOHN Name: Name: 271 N CHERRY ST Address: Address: City-St-Zip: MOUNT GILEAD, OH 43338 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WEINTRUB, SAMUEL HEDEGAARD, JIM Name: Name: 2325 KRISTEN DR 2301 WHISPERING PINES DR Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: SEBRING, FL 33872 Title: () Delete Title: (X) Change ( ) Addition JANES, CLIFFORD GUY, ELEANOR Name: Name: Address: 107 W PARK AVE Address: 2301 KRISTEN DR. **BURBON, IN 46504** SEBRING, FL 33872 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JO ANN ROSBRUGH TD 01/15/2009