

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003127

FILED  
Jan 15, 2012  
Secretary of State

**Entity Name:** WHISPERING PINES VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2309 KRISTEN DRIVE  
SEBRING, FL 33872

**New Principal Place of Business:**

2229 WHISPERING PINES DRIVE  
SEBRING, FL 33872

**Current Mailing Address:**

2309 KRISTEN DRIVE  
SEBRING, FL 33872

**New Mailing Address:**

2229 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:**

SORENSEN, JOHN D  
2309 KRISTEN DRIVE  
SEBRING, FL 33872 US

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

O'CONNOR, MARY E  
2229 WHISPERING PINES DRIVE  
SEBRING, FL 33872 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: MARY E. O'CONNOR

01/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: USHER, GEORGE H  
Address: 2321 WHISPERING PINES DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: DVP  
Name: O'CONNOR, MARY E  
Address: 2229 WHISPERING PINES DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: DT  
Name: HEDEGAARD, JANET A  
Address: 2301 WHISPERING PINES DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: DS  
Name: ISOM, MICHAEL G  
Address: 2224 WHISPERING PINES DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: D  
Name: DILLON, PETER M  
Address: 2329 KRISTEN DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: D  
Name: HARBAUGH, JOHN D  
Address: 2233 WHISPERING PINES DRIVE  
City-St-Zip: SEBRING, FL 33872

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: MICHAEL G. ISOM

DS

01/15/2012

Electronic Signature of Signing Officer or Director

Date