


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90072 047 ****61.25

DOCUMENT # N13970	
1. Entity Name	
WHISPERING LAKES H.A. OF PINELLAS COUNTY, INC.	

Principal Place of Business	Mailing Address
% SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765	% SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
59-2829090		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEIGHTON, LENNARD A % SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUTIE 225 CLEARWATER FL 33765		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	PD
NAME	CHIARAVOLI, KELLEY	NAME	Smith, Josephine
STREET ADDRESS	551 MANISHA PLACE	STREET ADDRESS	572 Manisha Place
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	STD	TITLE	VPD
NAME	WILLIAMS, CHUCK	NAME	Cianci, Robert
STREET ADDRESS	435 WHISPERING LAKES BLVD	STREET ADDRESS	3873 Georgia Court
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	VD	TITLE	TSD
NAME	VINOVICH, DAN	NAME	Seiler-Fendner, Barbara
STREET ADDRESS	3873 GEORGIA COURT	STREET ADDRESS	501 Manisha Place
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Josephine Smith, President* **2/23/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #