

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13970

FILED
Apr 12, 2010
Secretary of State

Entity Name: WHISPERING LAKES H.A. OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

% SEABOARD ARBORS MANAGEMENT SVC, INC
2189 CLEVELAND STREET SUITE 225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

% SEABOARD ARBORS MANAGEMENT SVC, INC
2189 CLEVELAND STREET SUITE 225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-2829090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
% SEABOARD ARBORS MANAGEMENT SVC, INC
2189 CLEVELAND STREET SUITE 225
CLEARWATER, FL 33765 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
Name: SMITH, JOSEPHINE
Address: 572 MANISHA PL
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VPD
Name: CIANCI, ROBERT
Address: 471 WHISPERING LAKES BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: STD
Name: PRINGLE, SELMA
Address: 3855 GEORGIA CT
City-St-Zip: TARPON SPRINGS, FL 34688

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: JOSEPHINE SMITH

PD

04/12/2010

Electronic Signature of Signing Officer or Director

Date