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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42282** (6)

1. Corporation Name

WHISPERING PINES 3 & 4 PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**548 CROTON LANE
BIG PINE KEY FL 33043
US**

**548 CROTON LANE
BIG PINE KEY FL 33043-4614
US**



3. Date Incorporated or Qualified
02/25/1991

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
65-0256403

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENSON, SHIRLEY MART
548 CROTON LANE
BIG PINE KEY FL 33043**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, WILLIAM L.	
STREET ADDRESS	444 ALMOND LANE	
CITY - ST - ZIP	BIG PINE KEY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLACKMORE, EDWARD R.	
STREET ADDRESS	30870 PALM DRIVE	
CITY - ST - ZIP	BIG PINE KEY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HALL, PAULA H.	
STREET ADDRESS	424 CROTON LANE	
CITY - ST - ZIP	BIG PINE KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENSON, SHIRLEY MART	
STREET ADDRESS	548 CROTON LANE	
CITY - ST - ZIP	BIG PINE KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HETTICH, HELEN	
STREET ADDRESS	ROUTE ONE - BOX 571	
CITY - ST - ZIP	BIG PINE KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paula H. Hall* **PAULA H. HALL** Sec/Trea. 3/18/97 305 872 0974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024733

CR2E037 (9/96)