FILE NOW: FILING FEE IS $61.25

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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42282

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

Principal Place of Business
446 CROTON LANE
BIG PINE KEY, FL 33043
US

Mailing Address
P.O. BOX 431925
BIG PINE KEY, FL.
33043

3. Date Incorporated or Qualified
02/25/1991

4. FEI Number
65-0256403
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BENSON, SHIRLEY MART
548 CROTON LANE
BIG PINE KEY, FL 33043

10. Name and Address of New Registered Agent
81 Name MARCEY DAVIS
82 Street Address (P.O. Box Number is Not Acceptable) 446 CROTON LANE
83
84 City BIG PINE KEY FL 85 Zip Code 33043

11. Pursuant to the provisions of Sections 617.0502 and 617.1005, 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 Marcey Davis
Signature, typed or printed name of registered agent or 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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	THOMPSON, WILLIAM L.		1.2 NAME	MARCEY DAVIS	
STREET ADDRESS	444 ALMOND LANE		1.3 STREET ADDRESS	446 CROTON LANE	
CITY-ST-ZIP	BIG PINE KEY FL.		1.4 CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	BLACKMORE, EDWARD		2.2 NAME	CINDY NICHOLS	
STREET ADDRESS	30870 PALM DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL 33043		2.4 CITY-ST-ZIP	BIG PINE KEY FL. 33043	
TITLE	ST	☒ DELETE	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	PAULA HALL		3.2 NAME	HAZEL HARTMAN	
STREET ADDRESS	424 CROTON LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL 33043		3.4 CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SHIRLEY MART BENSON		4.2 NAME	MARCEY DAVIS	
STREET ADDRESS	548 CROTON LANE		4.3 STREET ADDRESS	446 CROTON LANE	
CITY-ST-ZIP	BIG PINE KEY FL. 33043		4.4 CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HETTICH, HELEN		5.2 NAME	DENIS THOMPSON	
STREET ADDRESS	ROUTE 1 BOX 571		5.3 STREET ADDRESS	444 ALMOND LANE	
CITY-ST-ZIP	BIG PINE KEY FL 33043		5.4 CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	500002553345	
STREET ADDRESS			6.3 STREET ADDRESS	-06/09/98--01094--006	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (10/97)

14. 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 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: Marcey Davis Pres. May 22 98 305 872 0189