

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N42282**

1. Entity Name

WHISPERING PINES 3 & 4 PROPERTY OWNER'S ASSOCIAT

Principal Place of Business

Mailing Address

652 SANDS RD.
BIG PINE KEY FL 33043
USP.O. BOX 431925
BIG PINE KEY FL 33043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0256403

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALLARS, BILL
652 SANDS RD.
BIG PINE KEY FL 33043

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS MALLARS, WILLIAM
CITY-ST-ZIP 652 SANDS RD.
BIG PINE KEY FL 33043 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME VD
STREET ADDRESS MUELLER, BARBARA
CITY-ST-ZIP 529 PINE LN
BIG PINE KEY FL 33043 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ST
STREET ADDRESS HARTMAN, HAZEL
CITY-ST-ZIP 424 CROTON LANE
BIG PINE KEY FL 33043 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME D
STREET ADDRESS THOMPSON, DENIS
CITY-ST-ZIP 444 ALMOND LANE
BIG PINE KEY FL 33043 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME D
STREET ADDRESS MOSHER, JOAN
CITY-ST-ZIP 437 PINELN
BIG PINE KEY FL 33043 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME D
STREET ADDRESS TROWBRIDGE, EDWARD
CITY-ST-ZIP 30710 PALM DR
BIG PINE KEY FL 33043 ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90411 027 ****61.25

BU023020



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)