

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42282

FILED
Mar 03, 2009
Secretary of State

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

Current Principal Place of Business:

652 SANDS RD.
BIG PINE KEY, FL 33043 US

New Principal Place of Business:

630 SANDS RD.
BIG PINE KEY, FL 33043 US

Current Mailing Address:

630 SANDS ROAD
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 65-0256403 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWN, CURTIS
630 SANDS ROAD
BIG PINE KEY, FL 33043 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 () Delete
Name: BROWN, CURTIS
Address: 630 SANDS ROAD
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: VD () Delete
Name: MUELLER, BARBARA
Address: 529 PINE LN
City-St-Zip: BIG PINE KEY, FL 33043

Title: ST () Delete
Name: HARTMAN, HAZEL
Address: 424 CROTON LANE
City-St-Zip: BIG PINE KEY, FL 33043

Title: D () Delete
Name: THOMPSON, DENIS
Address: 444 ALMOND LANE
City-St-Zip: BIG PINE KEY, FL 33043

Title: D () Delete
Name: MOSHER, JOAN
Address: 437 PINELN
City-St-Zip: BIG PINE KEY, FL 33043

Title: D () Delete
Name: TROWBRIDGE, EDWARD
Address: 30710 PALM DR
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CURTIS E. BROWN

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date