

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90054 031 ****61.25

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1. Corporation Name

WHISPERING PINES MOBILE HOME COURT HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

407 HARMONY LANE
FROSTPROOF FL 33843
US

Mailing Address

407 HARMONY LANE
LOT 30
FROSTPROOF FL 33843
US

DEPARTMENT OF STATE



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/22/1993

4. FEI Number

59-2659257

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

9. Name and Address of Current Registered Agent

HOWARD, VENSEL
407 HARMONY LANE
LOT 30
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

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

TITLE PD ☒ DELETE
NAME OUTMAN, EUNICE
STREET ADDRESS 328 PLEASANT PLACE
CITY-ST-ZIP FROSTPROOF FL

TITLE VD ☐ DELETE
NAME PETRUZZI, SAL
STREET ADDRESS 224 LEISURE DRIVE
CITY-ST-ZIP FROSTPROOF FL

TITLE SD ☐ DELETE
NAME EINOLF, MARGARET
STREET ADDRESS 202 SUNSHINE DR
CITY-ST-ZIP FROSTPROOF FL

TITLE TD ☐ DELETE
NAME HOWARD, VENSEL
STREET ADDRESS 407 HARMONY LANE
CITY-ST-ZIP FROSTPROOF FL

TITLE D ☒ DELETE
NAME LUTTMAN, LOIS
STREET ADDRESS 210 SUNSHINE DR.
CITY-ST-ZIP FROSTPROOF FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME HAROLD PIERSTORFF
1.3 STREET ADDRESS 325 PLEASANT PLACE
1.4 CITY-ST-ZIP FROST PROOF FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME DONALD SULLIVAN
5.3 STREET ADDRESS 509 SUNSHINE DRIVE
5.4 CITY-ST-ZIP FROSTPROOF FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

Signature of Howard Vensel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-98 941-635-1252

CR2E037 (11/93)