

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90045 034 \*\*\*\*61.25

**DOCUMENT # N93000003305**

1. Entity 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**

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

**59-2659257**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HOWARD, VENSEL  
 407 HARMONY LANE  
 LOT 30  
 FROSTPROOF FL 33843**

7. Name and Address of New Registered Agent

Name **EUNICE OUTMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**328 PLEASANT PL.**

City **FROSTPROOF**

**FL**

Zip Code **33843**

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 **EUNICE OUTMAN**  
*Eunice Outman*

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

(NOTE: Registered Agent signature required when reinstating)

**3/4/02**  
 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

TITLE **NO D** ☐ Delete  
 NAME **PIERSTORFF, HAROLD**  
 STREET ADDRESS **325 PLEASANT PLACE**  
 CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **PD** ☐ Delete  
 NAME **PETRUZZI, SAL**  
 STREET ADDRESS **224 LEISURE DRIVE**  
 CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **SD** ☐ Delete  
 NAME **GAYLORD, LAUBACH**  
 STREET ADDRESS **223 LEISURE ST**  
 CITY-ST-ZIP **FROSTPROOF FL 33843**

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

TITLE **D** ☐ Delete  
 NAME **SULLIVAN, DONALD**  
 STREET ADDRESS **509 SUNSHINE DRIVE**  
 CITY-ST-ZIP **FROSTPROOF FL**

TITLE **D** ☐ Delete  
 NAME **WEIGAN, BILL**  
 STREET ADDRESS **218 LEISURE DR**  
 CITY-ST-ZIP **FROSTPROOF FL 33843**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DE** ☐ Change ☒ Addition  
 NAME **TREASURER**  
 STREET ADDRESS **EUNICE OUTMAN**  
 CITY-ST-ZIP **328 PLEASANT PL.  
 FROSTPROOF, FL 33843**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
 NAME **HOWARD VENSEL**  
 STREET ADDRESS **407 HARMONY LANE**  
 CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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: **EUNICE OUTMAN**  
*Eunice Outman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/02**  
 Date

**863-635-4569**  
 Daytime Phone #

CR2E037 (9/01)