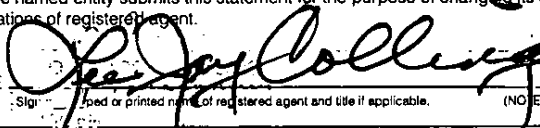
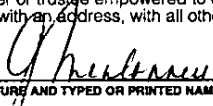


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90054 007 ****61.25

DOCUMENT # N93000003305					
1. Entity Name WHISPERING PINES MOBILE HOME COURT HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 407 HARMONY LANE 641 SUNSET CIRCLE FROSTPROOF, FL 33843 US			Mailing Address 407 HARMONY LANE 641 SUNSET CIRCLE LOT 30 FROSTPROOF, FL 33843 US		
2. Principal Place of Business 641 SUNSET CIRCLE Suite, Apt. #, etc.		3. Mailing Address 641 SUNSET CIRCLE Suite, Apt. #, etc.			
City & State FROSTPROOF FLORIDA		City & State FROSTPROOF FLORIDA		4. FEI Number 59-2659257 Applied For ☐ Not Applicable	
Zip 33843	Country USA	Zip 33843	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENSEL, NORMA JEAN 407 HARMONY LANE FROSTPROOF, FL 33843			7. Name and Address of New Registered Agent Name LEE JAY COLLING Street Address (P.O. Box Number is Not Acceptable) 632 HAITLAND AVE City ALTAMONTE SPRINGS FLA FL Zip Code 32701		
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. I am familiar with the obligations of registered agent. SIGNATURE  DATE MAR 18/05 (Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENSEL, NORMA 407 HARMONY LN FROSTPROOF, FL 33843 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☒ Change ☐ Addition JUDY McDONNELL 411 HARMONY LANE FROSTPROOF FLA 33843		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETRUZZI, SAL 224 LEISURE DRIVE FROSTPROOF, FL 33843 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Change ☐ Addition GERRY DORIS 641 SUNSET CIRCLE FROSTPROOF FLA 33843		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENGWALL, CAROL 219 LEISURE DRIVE FROSTPROOF, FL 33843 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☐ Change ☐ Addition JOAN COCHRAN 643 SUNSET CIRCLE FROSTPROOF FLA 33843		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OUTMAN, EUNICE 328 PLEASANT PLACE FROSTPROOF, FL 33843 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☐ Change ☐ Addition HAROLD PIERSTORFF 325 PLEASANT PLACE FROSTPROOF FLA 33843		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, DONALD 509 SUNSHINE DRIVE FROSTPROOF, FL 33843 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition BETTIE PARRIS 509 SUNSHINE DR FROSTPROOF FLA 33843		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIGAN, BILL 218 LEISURE DR FROSTPROOF, FL 33843 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☐ Change ☐ Addition CAROL ENGWALL 219 LEISURE DRIVE FROSTPROOF FLA 33843		
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: 		JUDY McDONNELL TREASURER MAR 18/05 863-447-0532 805-945-8633			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

00000044



03182005 Chg-NP CR2E037 (10/03)