2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-31-2005 90054 007 ****61.25

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

Principal Place of Business	Mailing Address
~~407 HARMONY LANE~~ 641 SUNSET CIRCLE FROSTPROOF, FL 33843 US	~~407 HARMONY LANE~~ 641 SUNSET CIRCLE ~~LOT 30~~ FROSTPROOF, FL 33843 US

000036044

03182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
641 SUNSET CIRCLE Suite, Apt. #, etc.	641 SUNSET CIRCLE Suite, Apt. #, etc.
City & State: FROST PROOF FLORIDA	City & State: FROST PROOF FLORIDA
Zip: 33843 Country: USA	Zip: 33843 Country: USA

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

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): 682 MAITLAND 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 and accept the obligations of registered agent.

SIGNATURE: Lee Jay Colling Mar 18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 JUDY MCDONNELN 411 HARMONY LANE FROST PROOF FLA 33843	☑ Change ☐ Addition
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 GERRY DORIS 641 SUNSET CIRCLE FRISTPROOF FLA 33843	☐ Change ☐ Addition
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 JOAN COCHRAN 643 SUNSET CIRCLE FROSTPROOF FLA 33843	☑ Change ☐ Addition
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 HAROLD PIERSTORRF 325 PLEASANT PLACE FROSTPROOF FLA 33843	☑ Change ☐ Addition
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 BETTIE PARRIS 509 SUNSHINE DR FROSTPROOF FA 33843	☑ Change ☐ Addition
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 CAROL ENGWALL 219 LEISURE DRIVE FROSTPROOF FLA 33843	☑ Change ☐ Addition

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.

863-447-0532

SIGNATURE: JUDY MCDONNELN TREASURER MAR18/05 905-945-8633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #