


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90093 022 \*\*\*\*61.25

<b>DOCUMENT # N93000003305</b>					
1. Entity Name <b>WHISPERING PINES MOBILE HOME COURT HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business 641 SUNSET CIRCLE FROSTPROOF, FL 33843 US			Mailing Address 641 SUNSET CIRCLE 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 <b>59-2659257</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COLLINS, LEE J</b> 632 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONNELL, JUDY</b>		NAME		
STREET ADDRESS	<b>411 HARMONY LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FROSTPROOF, FL 33843</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORIS, GERRY</b>		NAME		
STREET ADDRESS	<b>641 SUNSET DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FROSTPROOF, FL 33843</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COCHRAN, JOAN</b>		NAME	<b>GORTON JERRY (MIKE)</b>	
STREET ADDRESS	<b>643 SUNSET CIRCLE</b>		STREET ADDRESS	<b>412 HARMONY LANE</b>	
CITY-ST-ZIP	<b>FROSTPROOF, FL 33843</b>		CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERSTORFF, HAROLD</b>		NAME	<b>VENSEL HOWARD</b>	
STREET ADDRESS	<b>325 PLEASANT PLACE</b>		STREET ADDRESS	<b>407 HARMONY LANE</b>	
CITY-ST-ZIP	<b>FROSTPROOF, FL 33843</b>		CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRIS, BETTY</b>		NAME	<b>DEVELDER PATRICIA</b>	
STREET ADDRESS	<b>509 SUNSHINE DR</b>		STREET ADDRESS	<b>327 PLEASANT PLACE</b>	
CITY-ST-ZIP	<b>FROSTPROOF, FL 33843</b>		CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGWALL, CAROL</b>		NAME	<b>MILLER BILL</b>	
STREET ADDRESS	<b>219 LEISURE DR</b>		STREET ADDRESS	<b>648 SUNSET CIRCLE</b>	
CITY-ST-ZIP	<b>FROSTPROOF, FL 33843</b>		CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Judy McDonnell</i> <b>JUDY MCDONNELL</b>			863-447-0532		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		