

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90128 015 ****61.25

DOCUMENT # N93000003305					
1. Entity Name WHISPERING PINES MOBILE HOME COURT HOMEOWNER'S ASSOCIATION, INC.					
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 - No P.O. Box # 219 LEISURE DR		3. Mailing Address 219 LEISURE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FROSTPROOF FL		City & State FROSTPROOF FL		4. FEI Number 59-2659257	
Zip 33843		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COLLINS, LEE J 632 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701 <div style="position: absolute; top: 0; right: 0; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">ADDRESS CHANGE ONLY</div>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 529 VERSAILLES DR, Suite 103 City MAITLAND FL Zip Code 32751		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 T NAME MCDONNELL, JUDY STREET ADDRESS 411 HARMONY LANE CITY-ST-ZIP FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete		TITLE PRES NAME ENGWALL, CAROL STREET ADDRESS 219 LEISURE DRIVE CITY-ST-ZIP FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME DORIS, GERRY STREET ADDRESS 641 SUNSET DR CITY-ST-ZIP FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete		TITLE PRES NAME GORTON JR MIKE STREET ADDRESS 412 HARMONY LANE CITY-ST-ZIP FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GORTON, JERRY (MIKE) STREET ADDRESS 412 HARMONY LANE CITY-ST-ZIP FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete		TITLE SEC NAME DEVELDER PATRICIA STREET ADDRESS 327 PLEASANT PLACE CITY-ST-ZIP FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME VENSEL, HOWARD STREET ADDRESS 407 HARMONY LANE CITY-ST-ZIP FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete		TITLE VICE PRES NAME HEE WILLIAM STREET ADDRESS 501 SUNSHINE DRIVE CITY-ST-ZIP FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DEVELDER, PATRICIA STREET ADDRESS 327 PLEASANT PL CITY-ST-ZIP FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete		TITLE D NAME FLETCHER BARBARA STREET ADDRESS 656 SUNSET CIRCLE CITY-ST-ZIP FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HILLER, BILL STREET ADDRESS 648 SUNSET CIR CITY-ST-ZIP FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete		TITLE D NAME LAUBACH GRACE STREET ADDRESS 223 LEISURE DRIVE CITY-ST-ZIP FROSTPROOF FL 33843	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Carol Engwall</u>			3/28/07 863 635 7612		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		