

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003305

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

219 LEISURE DR
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

219 LEISURE DR
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 59-2659257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, LEE J
529 VERSAILLES DR
SUITE 103
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ENGWALL, CAROL
Address: 219 LEISURE DRIVE
City-St-Zip: FROSTPROOF, FL 33843

Title: P () Delete
Name: GORTON, JR, MIKE
Address: 412 HARMONY PLACE
City-St-Zip: FROSTPROOF, FL 33843

Title: S () Delete
Name: DE VELDER, PATRICIA
Address: 327 PLEASANT PLACE
City-St-Zip: FROSTPROOF, FL 33843

Title: VP () Delete
Name: TOMLISON, HOWARD
Address: 225 LEISURE DRIVE
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: SMITH, DAVE
Address: 664 SUNSET CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: WEIGANDD, WILLIAM
Address: 218 LEISURE DRIVE
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GORTON,, JERRY
Address: 412 HARMONY PLACE
City-St-Zip: FROSTPROOF, FL 33843

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LAMKINS, DOUGLAS
Address: 602 SUNSET CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: D (X) Change () Addition
Name: HEE, WILLIAM
Address: 501 SUNSHINE DRIVE
City-St-Zip: FROSTPROOF, FL 33843

Title: D (X) Change () Addition
Name: TRAXLER, IVA
Address: 325 PLEASANT PLACE
City-St-Zip: FROSTPROOF, FL 33843

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ENGWALL

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date