

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003305

FILED
Feb 24, 2011
Secretary of State

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

Current Principal Place of Business:

664 SUNSET CIRCLE
FROSTPROOF, FL 33843 US

New Principal Place of Business:

616 SUNSET CIRCLE
FROSTPROOF, FL 33843 US

Current Mailing Address:

664 SUNSET CIRCLE
FROSTPROOF, FL 33843 US

New Mailing Address:

616 SUNSET CIRCLE
FROSTPROOF, FL 33843 US

FEI Number: 59-2659257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: P
Name: LAMBERT, LAWRENCE L SR
Address: 616 SUNSET CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: T
Name: TRAXLER, IVA
Address: 325 PLEASANT PLACE
City-St-Zip: FROSTPROOF, FL 33843

Title: S
Name: MILLER, MARY L
Address: 646 SUNSET CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: VP
Name: CREECH, CHARLES M
Address: 615 SUNSET CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: D
Name: DANNA, DOMENIC
Address: 611 SUNSET CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: D
Name: SIEWART, VIRGINIA
Address: 613 SUNSET CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE L LAMBERT SR

P

02/24/2011

Electronic Signature of Signing Officer or Director

Date