

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90164 038 ****61.25

DOCUMENT # N93000003305

1. Entity Name

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



Principal Place of Business

**407 HARMONY LANE
FROSTPROOF FL 33843
US**

Mailing Address

**407 HARMONY LANE
LOT 30
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



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**OUTMAN, EUNICE
328 PLEASANT PL
FROSTPROOF FL 33843**

Name

NORMA JEAN VENSEL

Street Address (P.O. Box Number is Not Acceptable)

407 HARMONY LANE

City

FROSTPROOF

FL

Zip Code

33843

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

Norma Jean Vensel

3-5-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **D** ☒ Delete
NAME **PIERSTORFF, HAROLD**
STREET ADDRESS **325 PLEASANT PLACE**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **T.** ☐ Change ☒ Addition
NAME **VENSEL, NORMA**
STREET ADDRESS **407 HARMONY LANE**
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **PD** ☐ Delete
NAME **PETRUZZI, SAL**
STREET ADDRESS **224 LEISURE DRIVE**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **D.** ☐ Change ☒ Addition
NAME **LAMPKINS, JOAN**
STREET ADDRESS **657 SUNSET CIRCLE**
CITY-ST-ZIP **FROST, PROOF, FL 33843**

TITLE **SD** ☒ Delete
NAME **GAYLORD, LAUBACH**
STREET ADDRESS **223 LEISURE ST**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **S** ☐ Change ☒ Addition
NAME **ENGWALL, CAROL**
STREET ADDRESS **219 LEISURE DRIVE**
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **VP** ☒ Delete
NAME **HOWARD, VENSEL**
STREET ADDRESS **407 HARMONY LANE**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **VP** ☐ Change ☒ Addition
NAME **ARN, DOROTHY**
STREET ADDRESS **658 SUNSET CIRCLE**
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **D** ☐ Delete
NAME **SULLIVAN, DONALD**
STREET ADDRESS **509 SUNSHINE DRIVE**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **IT** ☐ Change ☐ Addition
NAME **[illegible]**
STREET ADDRESS **[illegible]**
CITY-ST-ZIP **[illegible]**

TITLE **D** ☐ Delete
NAME **WEIGAN, BILL**
STREET ADDRESS **218 LEISURE DR**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE **[illegible]** ☐ Change ☐ Addition
NAME **[illegible]**
STREET ADDRESS **[illegible]**
CITY-ST-ZIP **[illegible]**

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.

SIGNATURE: *Norma Jean Vensel* **3-5-03**

CR2E037 (10/02)