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SECRETARY OF STATE
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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005177 (9)
1. Corporation Name
WHISPERING PINES OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
145 Avenue E, Suite 8 Apalachicola, FL 32320 **145 Avenue E, Suite 8 Apalachicola, FL 32320**

2. Principal Place of Business 2a. Mailing Address
21 **101 Whispering Pines Circ.** 26 **P. O. Box 848**
Suite, Apt # etc Suite, Apt #, etc
22 **Unit 3** 27
City & State City & State
23 **Apalachicola, FL** 28 **Apalachicola, FL**
Zip Country Zip Country
24 **32329** 25 **USA** 29 **32329** 30 **USA**

3. Date Incorporated or Qualified **10/30/95** 3a. Date of Last Report
4. FEI Number **59-3367700** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Erskins, Danny
145 Avenue E, Suite 8
Apalachicola, FL 32329

10. Name and Address of New Registered Agent
81 Name **Timothy M. Warner**
82 Street Address (P.O. Box Number is Not Acceptable) **221 McKenzie Avenue**
83
84 City **Panama City** FL 85 Zip Code **32401**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Timothy M. Warner* **Timothy M. Warner** 8/15/96 DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Erskins, Danny	
STREET ADDRESS	145 Avenue E, Suite 8	
CITY - ST - ZIP	Apalachicola, FL 32320	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jacob, William A. M.D.	
STREET ADDRESS	145 Avenue E, Suite 8	
CITY - ST - ZIP	Apalachicola, FL 32320	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jacob, Theresa	
STREET ADDRESS	145 Avenue E, Suite 8	
CITY - ST - ZIP	Apalachicola, FL 32320	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jacob, William M., M.D.	
23 STREET ADDRESS	101 Whispering Pines Circle	
24 CITY - ST - ZIP	Apalachicola, FL 32329	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Jacob, Teresa	
33 STREET ADDRESS	101 Whispering Pines Circle	
34 CITY - ST - ZIP	Apalachicola, FL 32329	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Gay, Ronald Charles	
43 STREET ADDRESS	c/o Spalding Regional Hospital	
44 CITY - ST - ZIP	So. Eighth St., Griffin, GA 30224	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Teresa L. Jacob* **Teresa Jacob** 8/15/96 (904)653-9798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

aw