

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005177

1. Entity Name

WHISPERING PINES OWNERS ASSOCIATION, INC.

APPROVED
AND
FILED

02 AUG -7 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1468 BLUEBERRY ROAD
ST. GEORGE ISLAND FL 32328

P.O. BOX 975
EASTPOINT FL 32328

2. Principal Place of Business

3. Mailing Address

293 Magnolia Bay Dr.

P.O. 975

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

EASTPOINT FL

City & State

EASTPOINT FL

4. FEI Number

59-3367700

Applied For

Not Applicable

Zip

32328

Country

U.S.A.

Zip

32328

Country

U.S.A.

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

GREEN, DONALD R
1468 BLUEBERRY ROAD
ST. GEORGE ISLAND FL 32328

Name

Green, Donald R.

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

293 Magnolia Bay Dr.

City

EASTPOINT

FL

Zip Code

32328

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

Donald R. Green

Donald R. Green

7-2-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, DONALD R P.O. BOX 975 EASTPOINT FL 32328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, EMILY M P.O. BOX 975 EASTPOINT FL 32328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, AUDIE M P.O. BOX 975 EASTPOINT FL 32328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
700007118077--5 -08/14/02--01072--030 *****61.25 *****61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Donald R. Green
SIGNATURE REQUIRED

7-2-02

850-670-1660

CR2E037 (4/02)