


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000005177</b> 1. Entity Name WHISPERING PINES OWNERS ASSOCIATION, INC.	
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Principal Place of Business 293 MAGNOLIA BAY DR EASTPOINT, FL 32328	Mailing Address P.O. BOX 975 EASTPOINT, FL 32328
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3367700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent  GARRETSON, CHARLES ESQ 207 S. BAYLEN ST. PENSACOLA, FL 32501	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	000000157255 05/06/04-80018-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREEN, DONALD R P.O. BOX 975 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREEN, EMILY M P.O. BOX 975 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANE, LARRY 135 HWY 98 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Emily Green **4/30/04** **850-670-1660**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #