


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90064 032 \*\*\*150.00

**DOCUMENT # N95000005177**

1. Entity Name  
 WHISPERING PINES OWNERS ASSOCIATION, INC.



Principal Place of Business  
 293 MAGNOLIA BAY DR  
 EASTPOINT, FL 32328

Mailing Address  
 P.O. BOX 975  
 EASTPOINT, FL 32328

**40013969**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 362 Gulf Breeze Pkwy  
 Suite, Apt. #, etc.  
 #115

City & State  
 Gulf Breeze, FL

Zip  
 32561

Country  
 Santa Rosa

01282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-3367700

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GARRETSON, CHARLES ESQ  
 207 S. BAYLEN ST.  
 PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, DONALD R	
STREET ADDRESS	P.O. BOX 975	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, EMILY M	
STREET ADDRESS	P.O. BOX 975	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, LARRY	
STREET ADDRESS	135 HWY 98	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 M. Green* Emily M. Green 1-28-05 479-2799  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #