

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005177

FILED
Feb 20, 2006
Secretary of State

Entity Name: WHISPERING PINES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

293 MAGNOLIA BAY DR
EASTPOINT, FL 32328

New Principal Place of Business:

362 GULF BREEZE PKWY
SUITE 115
GULF BREEZE, FL 32561

Current Mailing Address:

362 GULF BREEZE PKWY
#115
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 59-3367700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, EMILY M
362 GULF BREEZE PKWY #115
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

GREEN, EMILY M
6561 SCENIC HWY
PENSACOLA, FL 32504 US

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.

SIGNATURE: _____ Date: 02/20/2006
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREEN, DONALD R
Address: P.O. BOX 975
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: GREEN, EMILY M
Address: P.O. BOX 975
City-St-Zip: EASTPOINT, FL 32328

Title: D (X) Delete
Name: LANE, LARRY
Address: 135 HWY 98
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREEN, EMILY M
Address: 362 GULF BREEZE PKWY #115
City-St-Zip: GULF BREEZE, FL 32561

Title: D (X) Change () Addition
Name: GREEN, EMILY M
Address: 362 GULF BREEZE PKWY #115
City-St-Zip: GULF BREEZE, FL 32561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILY M. GREEN PRES Date: 02/20/2006
Electronic Signature of Signing Officer or Director