


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

04-07-2003 91034 001 ***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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3367700	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREEN, DONALD R 293 MAGNOLIA BAY DR EASTPOINT FL 32328			Name GARRETSON, CHARLES ESA		
			Street Address (P.O. Box Number is Not Acceptable) 207 S. Baylen St.		
			City Pensacola		
			City FL		Zip Code 32501
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		<i>Donald R. Green</i>		DATE 4-3-03	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DONALD R	<i>Director</i>	NAME		
STREET ADDRESS	P.O. BOX 975		STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT FL 32328		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, EMILY M	<i>Director</i>	NAME		
STREET ADDRESS	P.O. BOX 975		STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT FL 32328		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, AUDIE M		NAME	Larry Lane	
STREET ADDRESS	P.O. BOX 975		STREET ADDRESS	135 Hwy 98	
CITY-ST-ZIP	EASTPOINT FL 32328		CITY-ST-ZIP	Eastpoint FL 32328	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 817, 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		<i>Emily M. Green</i>		DATE 4-3-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 850-670-1660	

CR2E037 (10/02)