

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001472

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** WHISPERING PINES RESIDENTS ASSOCIATION INC.

**Current Principal Place of Business:**

7501 142ND AVENUE NORTH  
#560  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

7501 142ND AVENUE NORTH  
#560  
LARGO, FL 33771

**New Mailing Address:**

**FEI Number:** 59-3377323      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MICELI, PHYLIS  
7501 142ND AVENUE NORTH  
LOT 560  
LARGO, FL 33771 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MICELI, PHYLIS  
Address: 7501 142ND AVENUE NORTH LOT 560  
City-St-Zip: LARGO, FL 33771 US

Title: VP  
Name: CAMPBELL, JACKIE  
Address: 7501 142ND AVENUE NORTH LOT 654  
City-St-Zip: LARGO, FL 33771 US

Title: T  
Name: SULLIVAN, MARLENE  
Address: 7501 142ND AVENUE NORTH LOT 605  
City-St-Zip: LARGO, FL 33771 US

Title: S  
Name: URBAN, DARLA  
Address: 7501 142ND AVENUE NORTH LOT 422  
City-St-Zip: LARGO, FL 33771 US

Title: B  
Name: PAIGE, MICHAEL  
Address: 7501 142ND AVENUE NORTH LOT 408  
City-St-Zip: LARGO, FL 33771 US

I hereby 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 all other like empowered.

SIGNATURE: PHYLIS MICELI

PRES

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date