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NONPROFIT CORPORATION ANNUAL REPORT



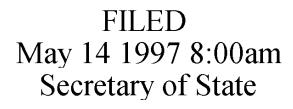
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N960

N96000003094 (7)



WHISPERING PINES HOMEOWNERS ASSOCIATION OF MACCL ENNY, INC. Principal Place of Business Mailing Address										
Principal Plac	ce of Business	Mailing Address			ļ	, , , , , , , , , , , , , , , , , , , ,	.,,,	• • • • • • • • • • • • • • • • • • • •		
#4 WELLS RD #4 WELLS RD MACCLENNY FL 32063-9596										
						3. Date Incorporated of 06/10/1996	r Qualified	3a. Da	te of Last I	Report
	Place of Business	2a. Mailing Address				4. FEI Number				pplied For
Suite, Apt	# ptc	Suite, Apt. #, etc.								ot Applicable
22	. π, Θισ.	27			-	5. Certificate of Status	Desired			Additional leguired
City & Sta	1e	City & State				6. Election Campaign F	inancing			May Be
23		28				Trust Fund Contribut	ion			to Fees
Zip	Country	Zip	Cour	ntry	1	8. This corporation has				s. 199.032,
24	25 25 Name and Address of Curr	29 rent Registered Agent	30			Florida Statutes 10. Name and Address		Yes		
	9, 110,110 0110 110 01 01			B1 Nan	ne	TOT THE STATE OF		9.0.0.0		
CRUMM	IEY, GARY		}-	B2 Stre	et Addres	ss (P.O. Box Number is N	ot Accentab	lo)		
#4 WEL						as (1.0. Dox radinoer is ra	or receptae			
MACCL	ENNY FL 32063		}	B3						
			1	B4 City					85 Zip	Code
	to the provinces of Sections 617.0	EO2 and C17 1500 Elorida State	iton the ob	DIVO DOM	od sorpoi	rotion authority this eleter	ant for the o	FL	shanging	ita ragiotarad
I 44 Durauant						ation submits this statem	ent ioi me p	orpose or		us registered
11. Pursuant office or	to the provisions of Sections 617.0 registered agent, or both, in the Sta	ale of Florida. Such change was	authorized	by the c	corporation	n's board of directors. I h	ereby accep	of the appo	ointment as	s registered
agent. I a	am familiar with, and accept the ob-	ate of Florida. Such change was ligations of, Section 617.0503, F	authorized Iorida Statu	by the c	corporation	n's board of directors. I h	ereby accep	of the appo	ointment as	s registered
11, Pursuant office or agent. I a SIGNATURE	am familiar with, and accept the ob-	ligations of, Section 617.0503, F	lorida Statu	ites.		when reinstating)		DATE		
agent. I a SIGNATURE 12,	am familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS A	ligations of, Section 617.0503, F agent and title II applicable. (NC AND DIRECTORS	Iorida Statu ITE: Rogistered 13.	ites. Agent signa				DATE	DIRECTO	
agent. I a SIGNATURE 12. TITLE	am familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS A	ligations of, Section 617.0503, Fagent and title It applicable. (NC	ITE: Rogistered	Agent signa		when reinstating)		DATE		
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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or prima attachment with an address.

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