


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003094 (7)**

1. Corporation Name

**WHISPERING PINES HOMEOWNERS ASSOCIATION OF MACCLENNY, INC.**



Principal Place of Business <b>#4 WELLS RD MACCLENNY FL 32063</b>	Mailing Address <b>#4 WELLS RD MACCLENNY FL 32063</b>
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3. Date Incorporated or Qualified <b>06/10/1996</b>	Applied For <b>NOT APPLICABLE</b>
4. FEI Number <b>NOT APPLICABLE</b>	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>#13 Wells Rd</b> 22 City & State <b>Macclenny FL</b> 23 Zip <b>32063</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>#13 Wells Rd</b> 27 City & State <b>Macclenny, FL</b> 28 Zip <b>32063</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CRUMMEY, GARY  
#4 WELLS RD  
MACCLENNY FL 32063**

10. Name and Address of New Registered Agent	
81 Name <b>Register, Joseph R.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>#13 Wells Rd</b>	
83	
84 City <b>Macclenny FL</b>	85 Zip Code <b>32063</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Joseph R. Register* **Joseph R. Register - Treasurer** **1-7-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>CRUMMEY, GARY</b>	
STREET ADDRESS <b>#4 WELLS RD</b>	
CITY-ST-ZIP <b>MACCLENNY FL 32063</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>COMBS, JAMES</b>	
STREET ADDRESS <b>#7 WELLS RD.</b>	
CITY-ST-ZIP <b>MACCLENNY FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>REGISTER, JOSEPH R</b>	
STREET ADDRESS <b>#13 WELLS RD.</b>	
CITY-ST-ZIP <b>MACCLENNY FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Combs, James</b>	
1.3 STREET ADDRESS <b>#7 Wells Rd.</b>	
1.4 CITY-ST-ZIP <b>Macclenny, FL 32063</b>	
2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Charles Pracher, Charles</b>	
2.3 STREET ADDRESS <b>#6 Wells Rd</b>	
2.4 CITY-ST-ZIP <b>Macclenny, FL 32063</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>SD Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Crummey, Gary</b>	
4.3 STREET ADDRESS <b>#4 wells RD</b>	
4.4 CITY-ST-ZIP <b>Macclenny FL 32063</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE: *Joseph R. Register* **Joseph R. Register** **1-7-98** **904-259-9342**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1097)