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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003496 (4)**

1. Corporation Name

**WHISPERING PINES FOREST 2ND, 3RD, 4TH & 5TH ADDI
TION HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**350 GULF BOULEVARD
INDIAN ROCKS BEACH FL 34635**

**350 GULF BOULEVARD
INDIAN ROCKS BEACH FL 34635**

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

APPLIED FOR 59-342081

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

b. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALAN S. CHRISTNER, JR., P.A.
350 GULF BOULEVARD
INDIAN ROCKS BEACH FL 34635**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **STD
CHRISTNER, MARGARET A**
STREET ADDRESS **8540 140TH STREET N.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME **PD
POSTUPACK, NYLA**
STREET ADDRESS **8445 143RD LANE N**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME **VPD
DORT, NELSON**
STREET ADDRESS **8410 140TH STREET N**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 as an attachment with an address.

SIGNATURE:

Margaret A. Christner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-98

596-8222

Date

Daytime Phone # 0074193

CR2E037 (10/97)