

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005874

1. Entity Name

WHISPERING PINE WOODS HOMEOWNERS ASSOCIATION, IN

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90015 008 ****61.25

Principal Place of Business

Mailing Address

1304 COVINGTON DRIVE
TALLAHASSEE FL 32312

1304 COVINGTON DRIVE
TALLAHASSEE FL 32312-2505

2. Principal Place of Business

3. Mailing Address

6863 Proctor Rd

6863 Proctor Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 59-3569638	Applied For <input type="checkbox"/> Not Applicable
Zip 32308	Country USA	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

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE FL 32308-3469

Name
Lea C Thompson
Street Address (P.O. Box Number is Not Acceptable)
6863 Proctor Rd
City
Tallahassee FL Zip Code
32308

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.

SIGNATURE
Lea C Thompson

(NOTE: Registered Agent signature required when reinstating)

DATE
4-4-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LEX C 1304 COVINGTON DRIVE TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6863 Proctor Rd Tallahassee, FL- 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CAROL A 1304 COVINGTON DRIVE TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6863 Proctor Rd Tallahassee FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JAMES L 1304 COVINGTON DRIVE TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6863 Proctor Rd Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Lea C Thompson*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4-4-2000 (850) 545-6006

Daytime Phone #

CR2E037 (9/99)