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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

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1. Corporation Name

WHISPERING PINES WEST HOMEOWNERS ASSOCIATION, IN  
C.

Principal Place of Business

115 N. FRANKLIN BLVD.  
TALLAHASSEE FL 32301

Mailing Address

115 N. FRANKLIN BLVD.  
TALLAHASSEE FL 32301



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

59-3477415

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MCMURRY, CHARLES A  
115 N. FRANKLIN BLVD.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE ☒ DELETE

NAME NEWSOME, I.D.  
STREET ADDRESS 211 MICHAEL SCOTT DR  
CITY-ST-ZIP TALL FL 32310

TITLE ☒ DELETE

NAME JONES, D.  
STREET ADDRESS 8484 LAKE ATKINSON DR  
CITY-ST-ZIP TALL FL 32310

TITLE ☒ DELETE

NAME JENKINS, D.  
STREET ADDRESS 8446 LAKE ATKINSON DR  
CITY-ST-ZIP TALL FL 32310

TITLE ☒ DELETE

NAME FAULKNER, D.  
STREET ADDRESS 8536 BELK DR  
CITY-ST-ZIP TALL FL 32310

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

T

Newsome, I.D.

211 Michael Scott Dr.

Tallahassee, Fl. 32310

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P/D

Jones, D.

8484 Lake Atkinson Dr

Tallahassee, Fl. 32310

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

V/D

Jenkins, D.

8446 Lake Atkinson Dr.

Tallahassee, Fl 32310

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

S/D

Faulkner, D.

8536 W. Belk Dr.

Tallahassee, Fl. 32310

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)