

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006887

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** WHISPERING WOODS OF PALM BEACH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1245 SOUTH MILITARY TRAIL, SUITE 100  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

9388 SILENT OAK CIRCLE  
WELLINGTON, FL 33441

**Current Mailing Address:**

1245 SOUTH MILITARY TRAIL, SUITE 100  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

C/O CASTLE MANAGEMENT  
15200 JOG ROAD, SUITE 205  
DELRAY BEACH, FL 33446

FEI Number: 27-3318710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAPADIMITRIOU, AMALIA  
1245 S MILITARY TRAIL, SUITE 100  
DEERFIELD, FL 33442 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PAPADIMITRIOU, AMALIA  
Address: 1245 SOUTH MILITARY TRAIL, SUITE 100  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: V  
Name: ALBERTSON, KARL  
Address: 1245 SOUTH MILITARY TRAIL, SUITE 100  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ST  
Name: ROCA, RAFAEL  
Address: 1245 SOUTH MILITARY TRAIL, SUITE 100  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMALIA PAPADIMITROU

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date