04141999-90110-044-$61.25-$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90110 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N44105

1. Corporation Name

WHISPERING PINES OF ROYAL PALM BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
110 COUNTRY CLUB DRIVE ROYAL PALM BEACH FL 33411	110 COUNTRY CLUB DRIVE ROYAL PALM BEACH FL 33411

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 06/28/1991
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 65-0404306 — Applied For / Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PAUL, STEVEN F. 110 COUNTRY CLUB DRIVE ROYAL PALM BEACH FL 33411	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	T	☐ Change ☑ Addition
NAME	PAUL, STEVEN F.		1.2 NAME	PAUL, ARLENE	
STREET ADDRESS	110 COUNTRY CLUB DRIVE		1.3 STREET ADDRESS	110 COUNTRY CLUB DR	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	T	☑ DELETE	2.1 TITLE	VPD	☐ Change ☑ Addition
NAME	SMITH, PETER		2.2 NAME	STEINBERG, LISA	
STREET ADDRESS	110 COUNTRY CLUB DRIVE		2.3 STREET ADDRESS	110 COUNTRY CLUB DR	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		2.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	VPD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, RICHARD		3.2 NAME		
STREET ADDRESS	110 COUNTRY CLUB DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED — 4/9/99 — (561) 790-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)