

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90469 006 \*\*\*\*61.25

**DOCUMENT # N44105**

1. Entity Name

**WHISPERING PINES OF ROYAL PALM BEACH HOMEOWNERS**

Principal Place of Business

Mailing Address

C/O PHOENIX MANAGEMENT  
 3082 JOG RD  
 LAKE WORTH FL 33467  
 US

C/O PHOENIX MANAGEMENT  
 3082 JOG RD  
 LAKE WORTH FL 33467  
 US

**928590**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0404306**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENTHAL, DAVID C  
 C/O PHOENIX MANAGEMENT  
 3082 JOG RD  
 LAKE WORTH FL 33467

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	Delete
DP	<del>KUNARD, JAMES</del>	<del>145 HEATHERWOOD DR</del>	<del>ROYAL PALM BEACH FL 33411</del>	<input checked="" type="checkbox"/>
DV	<del>OMILE, LAURIE</del>	<del>105 BANYAN LANE</del>	<del>ROYAL PALM BEACH FL 33411</del>	<input checked="" type="checkbox"/>
DS	<del>BAILEY, ATREECE</del>	<del>164 HEATHERWOOD DR</del>	<del>ROYAL PALM BEACH FL 33411</del>	<input checked="" type="checkbox"/>
DT	<del>PENN, RUSSELL</del>	<del>154 HEATHERWOOD DR</del>	<del>ROYAL PALM BEACH FL 33411</del>	<input checked="" type="checkbox"/>
B	BROWN, RADCLIFFE	131 HEATHERWOOD DR	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
PD	Hays, Bobbi	125 Heatherwood Drive	Royal Palm Beach, FL 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Karabench, Joseph	100 Heatherwood Drive	Royal Palm Beach, FL 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Ledman, David	106 Heatherwood Drive	Royal Palm Beach, FL 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Kreitzman, Robert	143 Heatherwood Drive	Royal Palm Beach, FL 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Bobbi Hays* **BOBBI HAYS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/28/01** Daytime Phone #: **561-333-3906**

CEP097 (10/01)