

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

C 37433

03-12-2002 90283 049 ****61.25

DOCUMENT # N44105

1. Entity Name

WHISPERING PINES OF ROYAL PALM BEACH HOMEOWNERS ASSOCIATION, INC.

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



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

David C. Rosenthal

2/21/02

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 ~~DP~~ Delete
 NAME **HAYS, BOBBI**
 STREET ADDRESS **125 HEATHERWOOD DR**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **VD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~TD~~ Delete
 NAME **KARABENCH, JOSEPH**
 STREET ADDRESS **100 HEATHERWOOD DR**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **TD** Change Addition
 NAME **Trudel, Andre**
 STREET ADDRESS **124 Heatherwood Drive**
 CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE ~~SD~~ Delete
 NAME **LEDMAN, DAVID**
 STREET ADDRESS **108 HEATHERWOOD DR**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **SD** Change Addition
 NAME **Morel, Emmanuel**
 STREET ADDRESS **120 Heatherwood Drive**
 CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE ~~D~~ Delete
 NAME **KREITZMAN, ROBERT**
 STREET ADDRESS **143 HEATHERWOOD DR**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **PD** Change Addition
 NAME **Penn, Leslie**
 STREET ADDRESS **154 Heatherwood Dr.**
 CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE **D** Delete
 NAME **BROWN, RADCLIFFE**
 STREET ADDRESS **131 HEATHERWOOD DR**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02

Date

Daytime Phone #

CR2E037 (9/01)