


ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90010 023 ****61.25

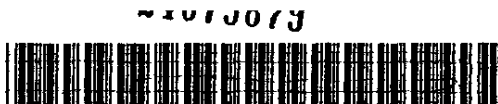
DOCUMENT # N44105

1. Entity Name
 WHISPERING PINES OF ROYAL PALM BEACH
 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 C/O PHOENIX MANAGEMENT
 3082 JOG RD
 LAKE WORTH, FL 33467 US

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



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04302004 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0404306 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	HAYS, TIM	
STREET ADDRESS	125 HEATHERWOOD DR	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TRUDEL, ANDRE	
STREET ADDRESS	124 HEATHERWOOD DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOREL, EMMANUEL	
STREET ADDRESS	120 HEATHERWOOD DR	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PENN, RUSSELL	
STREET ADDRESS	45 HEATHERWOOD DR	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	PADRO, RAFAEL	
STREET ADDRESS	101 BANYAN LANE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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: Timothy A. Hays Date: 5/12/04

Signature - Board Mbr. Daytime Ext 275 Tel. 561-798-9300