


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90003 002 \*\*\*\*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**

**50025099**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05242006 Chg-NP CR2E037 (4/06)

City & State  
 Zip Country

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 September 6, 2006**

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	D	<input type="checkbox"/> Delete
NAME	KREITZMAN, ROBERT	
STREET ADDRESS	143 HEATHERWOOD DR	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TRUDEL, ANDRE	
STREET ADDRESS	124 HEATHERWOOD DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOREL, EMMANUEL	
STREET ADDRESS	120 HEATHERWOOD DR	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KUNARD, JIM	
STREET ADDRESS	145 HEATHERWOOD DR	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TAUB, JOHN	
STREET ADDRESS	108 HEATHERWOOD DR	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Gurney	
STREET ADDRESS	176 Heatherwood Dr.	
CITY-ST-ZIP	Royal Palm Bch, FL 33411	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andre Trudel	
STREET ADDRESS	124 Heatherwood Dr.	
CITY-ST-ZIP	Royal Palm Bch, FL 33411	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith Tillman	
STREET ADDRESS	110 Heatherwood Dr.	
CITY-ST-ZIP	Royal Palm Bch, FL 33411	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Kunard	
STREET ADDRESS	145 Heatherwood Dr.	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
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 exemptions contained in Chapter 119, 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:** *Andre Trudel* **4/27/06** **561-964-1550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #