
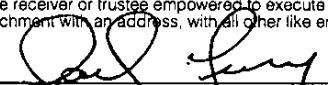


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90029 011 ****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 - No P.O. Box # 40 CAMS		3. Mailing Address 40 CAMS			
Suite, Apt. #, etc. 314 NE 3rd street		Suite, Apt. #, etc. 314 NE 3rd street			
City & State Boynton Beach FL		City & State Boynton Beach FL			
Zip 33435		Country U.S.A.		4. FEI Number 65-0404306	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: Guy Shir Street Address (P.O. Box Number is Not Acceptable): Kahan + Shir P.A. 1800 NW Corporate Blvd Suite 102 City: Boca Raton FL Zip Code: 33431		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREITZMAN, ROBERT		NAME		
STREET ADDRESS	143 HEATHERWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURNEY, PAUL		NAME		
STREET ADDRESS	176 HEATHER WOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUDEL, ANDRE		NAME		
STREET ADDRESS	124 HEATHERWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, KEITH		NAME		
STREET ADDRESS	110 HEATHERWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUNARD, JIM		NAME	Brown, Radcliffe	
STREET ADDRESS	145 HEATHERWOOD DR.		STREET ADDRESS	131 Heatherwood Drive	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 4/12/07 Daytime Phone #: 561.676-1746		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					