

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 012 ****61.25

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DOCUMENT # N44105							
1. Entity Name WHISPERING PINES OF ROYAL PALM BEACH HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business		Mailing Address					
C/O CAMS 314 NE 3RD STREET BOYNTON BEACH, FL 33435 US		C/O CAMS 314 NE 3RD STREET BOYNTON BEACH, FL 33435 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01182008 Chg-NP CR2E037 (12/06)			
Zip		Zip		4. FEI Number 65-0404306			
Country		Country		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SHIR, GUY KAHAN & SHIR, P.A. 1800 NW CORPORATE BLVD STE 102 BOCA RATON, FL 33431			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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input type="checkbox"/> Delete	TITLE	<input 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 checked="" 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	D	<input type="checkbox"/> Delete	TITLE	<input 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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RADCLIFFE, BROWN		NAME				
STREET ADDRESS	131 HEATHERWOOD DRIVE		STREET ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP				
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: <i>Andre J. Trudel</i>		Date: <i>March 26, 2008</i>		Daytime Phone #: <i>561-798-6920</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			