

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004446

**Entity Name:** WHISPERING PALMS RECREATION ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD, SUITE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

C/O GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD, SUITE 309  
LAKE WORTH, FL 33463 US

**FEI Number:** 20-5411637

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GILBERT, JOE  
C/O GRS MANAGMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD, SUITE 309  
LAKE WORTH, FL 33463 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KASHNER, KEITH  
Address        C/O GRS MANAGEMENT  
                  3900 WOODLAKE BLVD STE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            TREASURER  
Name            STROUT, MICHAEL  
Address        C/O GRS MANAGEMENT  
                  3900 WOODLAKE BLVD STE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            SECRETARY  
Name            MCALLISTER, CHARLES  
Address        C/O GRS MANAGEMENT  
                  3900 WOODLAKE BLVD STE 309  
City-State-Zip: LAKE WORTH FL 33463

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEITH KASHNER

**PRESIDENT**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date