

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 DP  
Name BROOKS, SCOTT  
Address %PULTE HOME-9420 ESTERO PARK  
COM BLVD  
City-State-Zip: ESTERO FL 33928

Title DVP  
Name HEINKEL, DAVID  
Address % PULTE HOME 9240 ESTERO PARK  
COM BLVD  
City-State-Zip: ESTERO FL 33928

Title DST  
Name RAY, LAURA  
Address % PUTLE HOME 9240 ESTERO PARK  
COM BVDL  
City-State-Zip: ESTERO FL 33928

*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:** SCOTT BROOKS

**PRESIDENT**

**10/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date