

2016 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 FARRELL, EILEEN
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

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date