

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N10000006887

**Entity Name:** WHISPERING WOODS OF PALM BEACH HOMEOWNERS'  
ASSOCIATION, INC.

**Current Principal Place of Business:**

DAVENPORT PROF PROP MGMT LLC  
6620 LAKE WORTH RD STE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

DAVENPORT PROF PROP MGMT LLC  
6620 LAKE WORTH RD STE F  
LAKE WORTH, FL 33467 US

**FEI Number:** 27-3318710

**Certificate of Status Desired:** No

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

BROUGH, CHADROW & LEVINE PA  
1900 N COMMERCE PARKWAY  
WESTON, FL 33326 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:** DAVID D IGLESIAS ESQ.

07/10/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CAMACHO, MARIA  
Address 6620 LAKE WORTH RD  
STE F  
City-State-Zip: LAKE WORTH FL 33467

Title SD  
Name KILLIAN, SCOTT  
Address 6620 LAKE WORTH RD  
STE F  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name BROCK, ALAN  
Address 6620 LAKE WORTH RD  
STE F  
City-State-Zip: LAKE WORTH FL 33467

Title VD  
Name VINAJERAS, MAGGIE  
Address 6620 LAKE WORTH RD  
STE F  
City-State-Zip: LAKE WORTH FL 33467

Title TD  
Name ZUMPANO, DONALD  
Address 6620 LAKE WORTH RD  
STE F  
City-State-Zip: LAKE WORTH FL 33467

*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:** MARIA CAMACHO

PD

07/10/2013

Electronic Signature of Signing Officer/Director Detail

Date