

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44105

FILED
Apr 01, 2019
Secretary of State
3006050968CC

Entity Name: WHISPERING PINES OF ROYAL PALM BEACH HOMEOWNERS 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: 65-0404306

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POSNER, MICHAEL
WARD DAMON ATTORNEYS AT LAW
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407 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: MICHAEL POSNER

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name KREITZMAN, ROBERT
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR, VP
Name MATTES, GEORGE
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY, TREASURER
Name DONADIO, VANESSA
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name MAHONEY, SHERRY
Address GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name CUETARA, PEARL
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name PASSESER, CAROL
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 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: ROBERT KREITZMAN

PRES

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date