

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44105

FILED
Apr 24, 2015
Secretary of State
CC8335135784

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

04/24/2015

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

Title DIRECTOR
Name HOOD, NABANDIA
Address 148 HEATHERWOOD DR
City-State-Zip: ROYAL PALM BEACH FL 33411

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

Title DIRECTOR
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

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

PRESIDENT

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date