

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44105

FILED
Apr 18, 2024
Secretary of State
2543673531CC

Entity Name: WHISPERING PINES OF ROYAL PALM BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O POLIAKOFF BACKER, LLP
400 SOUTH DIXIE HIGHWAY SUITE 420
BOCA RATON, FL 33432

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT
8135 LAKE WORTH ROAD SUITE B
LAKE WORTH, FL 33467 US

FEI Number: 65-0404306

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YELLIN, JONATHAN ESQ.
C/O BACKER ABOUD POLIAKOFF & FOELSTER, LLP
400 S. DIXIE HIGHWAY, SUITE420
BOCA RATON, FL 33432 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: JONATHAN YELLIN

04/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name KREITZMAN, ROBERT
Address C/O ASSOCIATED PROPERTY MANAGEMENT
8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title VP
Name MATTES, GEORGE
Address C/O ASSOCIATED PROPERTY MANAGEMENT
8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name NICOLAS, CYNTHIA
Address C/O ASSOCIATED PROPERTY MANAGEMENT
8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, TREASURER
Name MAHONEY, SHERRY
Address C/O ASSOCIATED PROPERTY MANAGEMENT
8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name CUETARA, PEARL
Address C/O ASSOCIATED PROPERTY MANAGEMENT
8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name VILLEGAS, RAUL
Address C/O ASSOCIATED PROPERTY MANAGEMENT
8135 LAKE WORTH ROAD SUITE B
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: ROBERT KREITZMAN

PRESIDENT

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date