## 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N44105

FILED
Sep 30, 2022
Secretary of State
1916298169CC

Entity Name: WHISPERING PINES OF ROYAL PALM BEACH HOMEOWNERS

ASSOCIATION, INC.

## **Current Principal Place of Business:**

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

## **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, SUITE 420 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 09/30/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VP

Name KREITZMAN, ROBERT Name MATTES, GEORGE

Address C/O ASSOCIATED PROPERTY Address C/O ASSOCIATED PROPERTY

MANAGEMENT
8135 LAKE WORTH ROAD SUITE B
8135 LAKE WORTH ROAD SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR Title TREASURER

Name HOOD, SHEA Name MAHONEY, SHERRY

Address C/O ASSOCIATED PROPERTY Address C/O ASSOCIATED PROPERTY

MANAGEMENT MANAGEMENT

8135 LAKE WORTH ROAD SUITE B 8135 LAKE WORTH ROAD SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

TitleDIRECTORTitleSECRETARYNameCUETARA, PEARLNameLINDSAY, CAROL

Address C/O ASSOCIATED PROPERTY Address C/O ASSOCIATED PROPERTY

MANAGEMENT MANAGEMENT

8135 LAKE WORTH ROAD SUITE B 8135 LAKE WORTH ROAD SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name VILLEGAS, RAUL

Address C/O ASSOCIATED PROPERTY

ddress 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** 

09/30/2022

Electronic Signature of Signing Officer/Director Detail

Date