

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708375 (1)

1. Corporation Name

WHISPERING PALMS CONDOMINIUM INC.



Principal Place of Business

Mailing Address

% ASSOCIATES PROPERTY MANAGEMENT
400 S DIXIE HWY., SUITE 10
LAKE WORTH FL 33460

% ASSOCIATES PROPERTY MANAGEMENT
400 S DIXIE HWY., SUITE 10
LAKE WORTH FL 33460

3. Date Incorporated or Qualified

01/26/1965

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

23-7247524

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
400 S DIXIE HWY., SUITE 10
LAKE WORTH FL 33460

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

Change Addition

NAME PD
MIELONEN, ERRO
STREET ADDRESS 1320 12TH AVE SOUTH #16
CITY-ST-ZIP LAKE WORTH, FL 00000

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE

21 TITLE Change Addition

NAME ~~VD~~
MICA, JOHN
STREET ADDRESS 1320 12TH AVE SOUTH #5
CITY-ST-ZIP LAKE WORTH, FL 00000

22 NAME UP
Sandra L. Mica
23 STREET ADDRESS 1320 12th Avenue South, # 3
24 CITY-ST-ZIP Lake Worth, FL

TITLE DELETE

31 TITLE Change Addition

NAME TSD
WEST, NANCY
STREET ADDRESS 1320 12TH AVE SOUTH #13
CITY-ST-ZIP LAKE WORTH, FL 00000

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE

41 TITLE Change Addition

NAME ~~D~~
COATES, BESSIE
STREET ADDRESS 1320 12TH AVE SOUTH #2
CITY-ST-ZIP LAKE WORTH, FL 00000

42 NAME D
Gilbert Pires
43 STREET ADDRESS 1320 12th Avenue South #1
44 CITY-ST-ZIP Lake Worth, FL

TITLE DELETE

51 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME D
Kathy Leary
53 STREET ADDRESS 1320 12th Avenue South, #14
54 CITY-ST-ZIP Lake Worth, FL

TITLE DELETE

61 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96
Date

582-6339
Daytime Phone #

CR2E037 (12/95)