


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

3. Date Incorporated or Qualified  
01/26/1965

4. FEI Number  
23-7247524

Applied For	Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT  
400 SOUTH DIXIE HIGHWAY STE 10  
400 S DIXIE HWY., SUITE 10  
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIELONEN, ERRO	
STREET ADDRESS	1320 12TH AVE SOUTH #10	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LINCOLN, SANDRA	
STREET ADDRESS	1320 12TH AVE SOUTH #3	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	WEST, NANCY	
STREET ADDRESS	1320 12TH AVE SOUTH #13	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIRES, GILBERT	
STREET ADDRESS	1320 12TH AVE SOUTH #2	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEARY, KATHY	
STREET ADDRESS	1320 12TH AVE., S. #14	
CITY-ST-ZIP	LOKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Leary, Kathy
4.3 STREET ADDRESS	1320 12th Avenue South, #14
4.4 CITY-ST-ZIP	LAKE WORTH, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sandra Lincoln RECORDED 3-31-98 547-7895

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