

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 01 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 #**  
1. Corporation Name  
REF. #708375  
Whispering Palms Condominium Association, Inc.

61.25

Principal Place of Business	Mailing Address
-----------------------------	-----------------

3. Date Incorporated or Qualified

4. FEI Number 23-7247524	Applied For Not Applicable
-----------------------------	-------------------------------

2. Principal Place of Business 21 Assoc. Prop. Mgt. Suite, Apt. #, etc.	2a. Mailing Address 26 Assoc. Prop. Mgt. Suite, Apt. #, etc.
22 400 S. Dixie Hwy, #10 City & State	27 400 S. Dixie Hwy, #10 City & State
23 Lake Worth, Florida Zip Country	28 Lake Worth, Florida Zip Country
24 33460 25 USA	29 33460 30 USA

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

10. Name and Address of New Registered Agent

81 Name John R. Math, President
82 Street Address (P.O. Box Number is Not Acceptable) Associated Property Mgt. of P.B., Inc.
83 400 South Dixie Highway, Suite #10
84 City Lake Worth FL
85 Zip Code 33460

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 to 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]* DATE: 5/29/98

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Ms. Kathy Leary	1320 12th Avenue South, #14	Lake Worth, Florida 33460	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	Ms. Sandra Lincoln	1320 12th Avenue South, #3	Lake Worth, FL 33460	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	Ms. Nancy West	1320 12th Avenue South, #13	Lake Worth, Florida 33460	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	Mr. Gary Leary	1320 12th Avenue South, #14	Lake Worth, Florida 33460	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		300002579823	-07/06/98--01007--004	
		***61.25		

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 of this document, or as an attachment with an address.

SIGNATURE: Mrs. Kathy Leary DATE: 5/29/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)