NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 708375

1. Corporation Name

LAKE WORTH FL 33460

Suite, Apt. #, etc.

WHISPERING PALMS CONDOMINIUM INC.

Principal Place of Business	
% ASSOCIATES PROPERTY N	MANAGEMEN
400 S DIXIE HWY #10	

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90209 021 ****61.25

1 139103 90209 21 3 **

3. Date Incorporated or Qualifed__

01/26/1965 4. FEI Number

23-7247524

2 }		12/1			_						
City & State	е	28	City & State				5. Certifcate of Status Desire	d		\$8.75 A	
Zip	Country 25	29	Zip	Country			Election Campaign Finance Trust Fund Contribution	ing		\$5.00 h Added to	
4	9. Name and Address of Current			,			10. Name and Address of New Registered Agent				
5. Name and Address of Current Registered Agent			81 Name								
JOHN R. I	MATH, PRESIDENT			82	2	Street Add	ress (P.O. Box Number is Not Acc	eptat	ole)		
ASSOCIATED PROPERTY MGMT. OF P.B., INC 400 S DIXIE HWY., SUITE 10			ļ	1							
			83	3							
LAKE WO	RTH FL 33460			84	4	Citv				85 Zip C	ode
									FL	- l l	
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Flori	da. Such change was au	thorized by	y tr	named com ne corporation	oration submits this statement for on's board of directors. I hereby a	the p	urpose of the appo	f changing its r intment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent a	and title	if applicable. (NOTE: I	Registered Age	ent :	signature require	d when reinstating)		DATE		 -
12.	OFFICERS AND			13.		-	ADDITIONS/CHANGES TO	OFF	ICERS A	ND DIRECTOR	RS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE						☐ Change	Addition
NAME	LEARY, KATHY MRS			1.2 NAME						•	
STREET ADDRESS	ADDO ADTH AND COURTS WAS			1.3 STREE	FTA	ADORESS		٠.			
				1.4 CITY-							
CITY-ST-ZIP TITLE	TSD DELETE		2.1 TITLE		Zir				☐ Change	☐ Additio	
	LINCOLN, SANDRA MS			2.2 NAME				 -		- -	
NAME				2.3 STRE		nnoree	4				•
STREET ADDRESS				1						-	
CITY-ST-ZIP	LAKE WORTH FL 33460		☐ DELETE	2. 4 CITY- 3.1 TITLE		<u>- ZPP — </u>				Change	Addition
TITLE			Choerent								
NAME	WEST, NAMEY MS			3.2 NAME							
STREET ADDRESS	1320 12111 AVL 300111 \$13			3.3 STREI		1			,		•
CITY-ST-ZIP	LAKE WORTH FL 8046 0			3.4. CITY-		-ZIP		-		Change	☐ Addition
TITLE	D		C DELETE	4.1 TITLE						Change	L. Addition
NAME	LEARY, GARY MR			4. 2 NAME	E]					
STREET ADDRESS				4.3 STRE	ETA	ADORESS	•			,	,
CITY-ST-ZIP	LOKE WORTH FL 33460			4.4 CITY-	ST-	ZIP					
TITLE	D C'		☐ DELETE	5.1 TITLE						Change	Addition Addition
NAME	Gilbert Pires			5.2 NAME							
STREET ADDRESS	1320 12th are 5# 14	٦ .		5.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP	LW. FL.			5.4 CITY-	ST-	ZIP					
TITLE	DV		☐ DELETE	6.1 TITLE		T				Change	Addition
NAME	Tony ZambollE			6.2 NAME	•						
STREET ADDRESS	lian - alba 🖍 iti	コ		6.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP	LW.FL.			6.4 CITY-	ST-	ZIP					
OII 1-01-4F	certify that the information supplied with										

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 informatio 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 eath; 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 with all other like empowered.

SIGNATURE:



2-4-99

561-547-6183

(2E037 (11/98)

Applied For

Not Applicable