

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

0063962

03-28-2001 90222 007 ****61.25

DOCUMENT # 708375

1. Entity Name
WHISPERING PALMS CONDOMINIUM INC.

Principal Place of Business Mailing Address
% ASSOCIATES PROPERTY MANAGEMENT **% ASSOCIATES PROPERTY MANAGEMENT**
400 S DIXIE HWY., #10 **400 S DIXIE HWY., #10**
LAKE WORTH FL 33460 **LAKE WORTH FL 33460**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHN R. MATH, PRESIDENT
ASSOCIATED PROPERTY MGMT. OF P.B., INC
400 S DIXIE HWY., SUITE 10
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAIN, THERESA 1320 12TH AVE SOUTH #14 LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA ANDONDO, MANUEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1320 12 AVE #13 L.W., FLORIDA 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LINCOLN, SANDRA MS 1320 12TH AVE SOUTH #8 LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERK, JACK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1320 12 AVE #11 LW, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEARY, SHAWN 1320 12TH AVE SOUTH #14 LOKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINCOLN, SANDRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1320 12 AVE #3 L.W, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACHU, PATRICIA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMBELLO, NANCY 1320 12TH AVE S #13 LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: TERESA CAIN, DIR. 3/26/01 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)