

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90070 036 ****61.25

DOCUMENT # 708375
 1. Entity Name
WHISPERING PALMS CONDOMINIUM INC.

Principal Place of Business % ASSOCIATES PROPERTY MANAGEMENT 400 S DIXIE HWY.. #10 LAKE WORTH FL 33460	Mailing Address % ASSOCIATES PROPERTY MANAGEMENT 400 S DIXIE HWY.. #10 LAKE WORTH FL 33460
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1320 12th Ave. S Suite, Apt. #, etc. #13	3. Mailing Address 1320 12th Ave. S Suite, Apt. #, etc. #13
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City & State Lake Worth, FL	City & State Lake Worth, FL	4. FEI Number 23-7247524	Applied For <input type="checkbox"/> Not Applicable
Zip 33460	Country USA	Zip 33460	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$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
Manuel Anchondo
~~Street Address (P.O. Box Number is Not Acceptable)~~
1320 12th Ave. S
 # 13
 City
Lake Worth **FL** Zip Code
33460

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 *Manuel Anchondo* **Manuel Anchondo, President** Feb, 23, 02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE PD NAME ANDONDO, MANUEL STREET ADDRESS 1320 12TH AVE #13 CITY-ST-ZIP LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE VD NAME BERK, JACK STREET ADDRESS 1320 12TH AVE #11 CITY-ST-ZIP LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE D NAME LINCOLN, SANDRA STREET ADDRESS 1320 12TH AVE #13 CITY-ST-ZIP LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete
TITLE TD NAME MACHU, PATRICIA STREET ADDRESS 1320 12TH AVE S #14 CITY-ST-ZIP LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Cain, Theresa 1320 12th Ave. S # 6 Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Machu, Patricia 1320 12th Ave. S # 2 Lake Worth, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TSD Leary, Shawn 1320 12th Ave. S # 4 Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *Manuel Anchondo* **Manuel Anchondo, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)