


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90245 021 \*\*\*\*61.25

**DOCUMENT # 708375**

1. Entity Name  
WHISPERING PALMS CONDOMINIUM INC.



Principal Place of Business  
1320 12TH AVE SOUTH  
#13  
LAKE WORTH, FL 33460 US

Mailing Address  
1320 12TH AVE SOUTH  
#13  
LAKE WORTH, FL 33460 US

2. Principal Place of Business  
*ASSOCIATED PROPERTY MGMT*  
Suite, Apt. #, etc.  
*1928 LAKE WORTH RD.*

3. Mailing Address  
*ASSOCIATED PROPERTY MGMT*  
Suite, Apt. #, etc.  
*1928 LAKE WORTH RD.*

City & State  
*LAKE WORTH, FL*

City & State  
*LAKE WORTH, FL*

Zip  
*33461* Country  
*USA*

Zip  
*33461* Country  
*USA*

04072004 Chg-NP CR2E037 (10/03)

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

MACHU, PATRICIA  
1320 12TH AVENUE S  
UNIT #2  
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

Name *ASSOCIATED PROPERTY MANAGEMENT*  
Street Address (P.O. Box Number is Not Acceptable)  
*1928 LAKE WORTH RD.*  
City *LAKE WORTH* FL Zip Code *33461*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* Agent DATE *4/15/04*

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERK, JACK		NAME	<i>CAIN, THERESA</i>	
STREET ADDRESS	704 XANADU PLACE		STREET ADDRESS	<i>1320 12TH AVE. SO. #6</i>	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	<i>LAKE WORTH, FL 33460</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUNK, PAUL		NAME	<i>PIRES, RENEE</i>	
STREET ADDRESS	670 BLUEBERRY DR.		STREET ADDRESS	<i>1320 12TH AVE. SO. #1</i>	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	<i>LAKE WORTH, FL 33460</i>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAIN, THERESA		NAME	<i>BURGOS, ALDO</i>	
STREET ADDRESS	1320 12TH AVE S #6		STREET ADDRESS	<i>1320 12TH AVE. SO. #15</i>	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	<i>LAKE WORTH, FL 33460</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHU, PATRICIA		NAME		
STREET ADDRESS	1320 12TH AVE S #2		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANCHONDO, MANUEL		NAME		
STREET ADDRESS	1320 12TH AVE. SO. #13		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Patricia Machu* 4-15-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #