


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90150 014 ****61.25

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



Principal Place of Business
ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461 US

Mailing Address
ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461 US

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

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

City & State
 City & State

Zip Country
 Zip Country

04032007 Chg-NP CR2E037 (12/06)

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

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

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

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

Filing Fee is \$61.25 Due by May 1, 2007

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
 NAME GUDMUNDSSON, EYJOLFUR Delete
 STREET ADDRESS 9086 ALEXANDRA CIR
 CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE PD Change Addition
 NAME LINCOLN, SANDRA E.
 STREET ADDRESS 1320 12TH AVE. So. #3
 CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE VPD Delete
 NAME LINCOLN, SANDRA E.
 STREET ADDRESS 1320 12TH AVE S 3
 CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE VD Change Addition
 NAME HALICEK, FRANK
 STREET ADDRESS P.O. BOX 2422
 CITY-ST-ZIP SEACAUCUS, NJ 07096

TITLE SD Delete
 NAME JAGESSAR, CANDACE
 STREET ADDRESS 1596 SW 106TH AVE
 CITY-ST-ZIP HOLLYWOOD, FL 33025

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME BROWN, JOHN
 STREET ADDRESS 6346-6 S HANTANA RD
 CITY-ST-ZIP LAKE WORTH, FL 33465

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME KERR, ROBERT
 STREET ADDRESS 1200 MARIPOSA AVE D 202
 CITY-ST-ZIP MIAMI, FL 33146

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sandra Lincoln, President Date: 4-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

40066210

