

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708375

FILED
Jun 03, 2009
Secretary of State

Entity Name: WHISPERING PALMS CONDOMINIUM INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-7247524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DICKER, EDWARD ESQ
1818 AUSTRALIAN AVE. SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FUNK, FRANK
Address: 670 BLUEBERRY DR.
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: HALICEK, FRANK
Address: PO BOX 2422
City-St-Zip: SECAUCUS, NJ 07096

Title: STD () Delete
Name: KERR, ROBERT
Address: 1320 12TH AVE. SO. #13
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: LINCOLN, SANDRA
Address: 1320 12TH AVE. SO. #3
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: KERR, ROBERT
Address: 1320 12TH AVE. SO. #13
City-St-Zip: LAKE WORTH, FL 33460

Title: SD (X) Change () Addition
Name: BAHAMONDES, SILVIA
Address: 5265 BRISATA CIRCLE #W
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MATH, APM

Electronic Signature of Signing Officer or Director

AGT

06/03/2009

_____ Date