

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90043 021 \*\*\*\*61.25

**DOCUMENT # 734850**

1. Entity Name

**WHISPERING WATERS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**308 INLET WAY  
APT. 1  
PALM BEACH SHORES FL 33404**

Mailing Address

**308 INLET WAY  
APT. 1  
PALM BEACH SHORES FL 33404**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**65-0158814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FLEMING, WALTER  
308 INLET WAY, APT. 3  
PALM BEACH SHORES FL 33404**

7. Name and Address of New Registered Agent

Name

**MATHEW BOA**

Street Address (P.O. Box Number is Not Acceptable)

**308 INLET WAY APT. 4**

**PALM BEACH SHORES**

City

**FL**

Zip Code

**33404**

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-04-06**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE PD ☐ Delete  
NAME **FLEMING, WALTER**  
STREET ADDRESS **308 INLET WAY**  
CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

TITLE SD ☐ Delete  
NAME **KORTENHAUS, JOANNE**  
STREET ADDRESS **308 INLET WAY**  
CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

TITLE VD ☐ Delete  
NAME **KELLY, EDWARD**  
STREET ADDRESS **308 INLET WAY**  
CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

TITLE SD ☐ Delete  
NAME **WARD, VALERIE A**  
STREET ADDRESS **308 INLET WAY APT #1**  
CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P.D. ☒ Change ☐ Addition  
NAME **MATHEW BOA**  
STREET ADDRESS **308 INLET WAY**  
CITY-ST-ZIP **PALM BEACH SHORES, FL 33404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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 Section 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: **Valerie A Ward - Treasurer. 4-04-06 861-842-1550**