

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90010 028 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

**MATHEW, BOA
308 INLET WAY, APT. 4
PALM BEACH SHORES FL 33404**

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

(Signature)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: 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

TITLE PD ☐ Delete
NAME BOA, MATHEW
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 *SD* ☐ Delete
NAME *SUZANNE Fleming*
STREET ADDRESS *308 Inlet way*
CITY ST ZIP *Palm Beach Shores FL 33404*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *P.D.* ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE *V.S.D.* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE *S.D.* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE *T.D.* ☒ Change ☐ Addition
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 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:

Suzanne Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-07 (732)-2784826
Date Daytime Phone #