

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004784

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** WHISPERING PALMS SECTION II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD STE 309  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD STE 309  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:** 20-5411632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILBERT, JOE  
C/O GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD STE 309  
LAKE WORTH, FL 33463 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  
**Name:** MAHOFSKI, ELIZABETH  
**Address:** 9060 TRIANGLE PALM LN #1207  
**City-St-Zip:** FORT MYERS, FL 33913 US

**Title:** VPD  
**Name:** IULIANO, ANTHONY  
**Address:** 9048 TRIANGLE PALM LN #1101  
**City-St-Zip:** FORT MYERS, FL 33913 US

**Title:** STD  
**Name:** FOWLER, WILLIAM S  
**Address:** 9060 TRIANGLE PALM LN #1202  
**City-St-Zip:** FORT MYERS, FL 33913 US

I hereby 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 all other like empowered.

**SIGNATURE:** ELIZABETH MAHOFSKI

PD

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date