

107000004784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

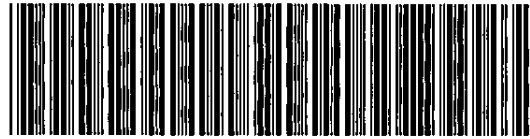
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Whispering Pines Condominium Association of
Name of Corporation Lee County, Inc.

DOCUMENT NUMBER: NOT 000004784

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy Garcia
Name of Contact Person
GRS Management Associates
Firm/Company
3900 Woodlake Blvd. Ste 309
Address
Lake Worth, FL 33463
City/State and Zip Code
sgarcia@grsmgt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Garcia at (239) 898-4540
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Whispering Palms Condominium Association of Lee County Inc.
2. The principal office address: 3900 Woodlake Blvd Ste. 309
Lake Worth, FL 33463
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: _____ Document number: NO7000004784

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PAUL SAPP C/O RLM Property Mgt.
14360 S. Tamiami Tr. Unit B
Fort Myers FL 33917

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GRS MANAGEMENT Associates
3900 Woodlake Blvd. Ste 309
Lake Worth, FL 33463
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Keith Kashner
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

11/18/2014
Date

If signing on behalf of an entity:

Carrie Heminger
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

14 NOV 21 PM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED