

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90023 012 \*\*\*\*61.25

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<b>DOCUMENT # N44105</b> 1. Entity Name <b>WHISPERING PINES OF ROYAL PALM BEACH HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CAMS 314 NE 3RD STREET BOYNTON BEACH, FL 33435 US</b>			Mailing Address <b>C/O CAMS 314 NE 3RD STREET BOYNTON BEACH, FL 33435 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0404306</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHIR, GUY KAHAN &amp; SHIR, P.A. 1800 NW CORPORATE BLVD STE 102 BOCA RATON, FL 33431</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KREITZMAN, ROBERT	NAME			
STREET ADDRESS	143 HEATHERWOOD DR	STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GURNEY, PAUL	NAME			
STREET ADDRESS	176 HEATHER WOOD DR.	STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRUDEL, ANDRE	NAME			
STREET ADDRESS	124 HEATHERWOOD DR	STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TILLMAN, KEITH	NAME			
STREET ADDRESS	110 HEATHERWOOD DR.	STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RADCLIFFE, BROWN	NAME			
STREET ADDRESS	131 HEATHERWOOD DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Andre J. Trudel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>March 26, 2008</i> <i>561-798-6920</i> Date Daytime Phone #			