2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44105

FILED Apr 01, 2009 Secretary of State

Entity Name: WHISPERING PINES OF ROYAL PALM BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	S ID STREET I BEACH, FL 33435 U	JS			
Current M	ailing Address:		New Maili	ng Address:	
	S ID STREET I BEACH, FL 33435 U:	JS			
FEI Number:	65-0404306 FEI Number	er Applied For ()	El Number Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of Current Reg	gistered Agent:	Name and	Address of	New Registered Agent:
		102			
	named entity submits this e of Florida.	s statement for the purp	oose of changing i	ts registered	office or registered agent, or both
SIGNATU	RE:				
	Electronic Signature	e of Registered Agent			Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
	S AND DIRECTORS:		ADDITION	S/CHANGES	
Title: Name: Address: City-St-Zip:	P () Delete KREITZMAN, ROBERT 143 HEATHERWOOD DR ROYAL PALM BEACH, FL 33	3411	ADDITION Title: Name: Address: City-St-Zip:		
Name: Address:	P () Delete KREITZMAN, ROBERT 143 HEATHERWOOD DR		Title: Name: Address:	VD (XVEGA, TRICIA 107 BANYAN I	TO OFFICERS AND DIRECTO) Change () Addition () Change () Addition
Name: Address: City-St-Zip: Title: Name: Address:	P () Delete KREITZMAN, ROBERT 143 HEATHERWOOD DR ROYAL PALM BEACH, FL 33 VD () Delete TRUDEL, ANDRE 124 HEAHTERWOOD DR	3411	Title: Name: Address: City-St-Zip: Title: Name: Address:	VD () VEGA, TRICIA 107 BANYAN I ROYAL PALM T () TILLMAN, KEI 110 HEATHER	TO OFFICERS AND DIRECTO Change () Addition Change () Addition LANE BEACH, FL 33411 Change () Addition TH

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHERI MCKENZIE BKPR 04/01/2009