

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744007

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC5479857637****Entity Name:** WHIPPOORWILL LAKES PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O DAVENPORT PROF. PROP. MGMT, INC  
6620 LAKE WORTH ROAD, SUITE F  
LAKE WORTH, FL 33467**Current Mailing Address:**C/O DAVENPORT PROF. PROP. MGMT, INC  
6620 LAKE WORTH ROAD, SUITE F  
LAKE WORTH, FL 33467 US**FEI Number:** 59-2175457**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ST JOHN, CORE & LEMME  
1601 FORUM PLACE  
SUITE 701  
WEST PALM BEACH, FL 33401 US*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

**Officer/Director Detail :**

Title	PD
Name	BROWN, SHIRLEY
Address	6620 LAKE WORTH RD, STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	SD
Name	ALONSO, LOURDES
Address	6620 LAKE WORTH RD, STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	RUSO, JEROME
Address	6620 LAKE WORTH RD, STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	BERMAN, RAY
Address	6620 LAKE WORTH RD, STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	VPD
Name	COLLINS, STEPHEN
Address	C/O DAVENPORT PROF. PROP. MGMT, INC 6620 LAKE WORTH ROAD, SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	TD
Name	PALMER, JACQUELINE
Address	C/O DAVENPORT PROF. PROP. MGMT, INC 6620 LAKE WORTH ROAD, SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	NOTMAN, TOBIN
Address	C/O DAVENPORT PROF. PROP. MGMT, INC 6620 LAKE WORTH ROAD, SUITE F
City-State-Zip:	LAKE WORTH FL 33467

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:** SHIRLEY BROWN

PD

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date