2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004784

Entity Name: WHISPERING PALMS CONDOMINIUM ASSOCIATION OF LEE

COUNTY, INC.

Apr 19, 2016 Secretary of State CC4735002106

FILED

Current Principal Place of Business:

C/O GRS MANAGEMENT 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463

Current Mailing Address:

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

FEI Number: 20-5411632 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRS MANAGEMENT ASSOCIATES 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463 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: PAUL SAPP 04/19/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP, SECRETARY Title TREASURER

Name CZAHOR, RICHARD Name IULIANO, ANTHONY

Address C/O GRS MANAGEMENT Address C/O GRS MANAGEMENT 3900 WOODLAKE BLVD STE 309 3900 WOODLAKE BLVD STE 309

LAKE WORTH EL 2010

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR Title DIRECTOR

Name FOWLER, WILLIAM Name STROUT, MICHAEL

Address C/O GRS MANAGEMENT Address C/O GRS MANAGEMENT

3900 WOODLAKE BLVD STE 309 3900 WOODLAKE BLVD STE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT

Name KASHNER, KEITH

Name KASHNER, KEITH

Address C/O GRS MANAGEMENT 3900 WOODLAKE BLVD STE 309

City-State-Zip: LAKE WORTH FL 33463

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: KEITH KASHNER PRESIDENT 04/19/2016