

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754186 (5)
1. Corporation Name
WHISPERING TRAILS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 500 AUSTRALIAN AVE SO. STE 600, PO BOX 4533 (TEQUESTA-33469), W PALM BCH FL 33401
Mailing Address: P. O. BOX 4533, TEQUESTA FL

3. Date Incorporated or Qualified: 09/16/1980
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1948741
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ST. JOHN, KING & DICKER, LAW OFFICE
500 AUSTRALIAN AV SO STE 600
W PALM BCH FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, TOM	
STREET ADDRESS	19550 TRAILSEND TERR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CROUSE, GENGE	
STREET ADDRESS	6048 WOOD LAKE RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LEIKIN, SUSAN	
STREET ADDRESS	19638 RED MAPLE LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, SCOTT	
STREET ADDRESS	6646 WOOD LAKE RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CARLTON, LISA	
STREET ADDRESS	6152 WOOD LAKE RD.	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SHERMAN, R. SCOTT	
13 STREET ADDRESS	6205 WOOD LAKE RD	
14 CITY-ST-ZIP	JUPITER FL	
21 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	YAFFE, HOWARD	
23 STREET ADDRESS	6191 WOOD LAKE ROAD	
24 CITY-ST-ZIP	JUPITER FL	
31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	KEARNEY, NANCY	
33 STREET ADDRESS	6164 WOOD LAKE RD	
34 CITY-ST-ZIP	JUPITER FL	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	NANCO, DEBBIE	
43 STREET ADDRESS	6171 WOOD LAKE RD	
44 CITY-ST-ZIP	JUPITER FL	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BYRD, MICHAEL	
53 STREET ADDRESS	6230 WOOD LAKE RD	
54 CITY-ST-ZIP	JUPITER FL	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	SONNITAG, SHARON	
63 STREET ADDRESS	6153 SAND PINE COURT	
64 CITY-ST-ZIP	JUPITER FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy Kearney* *Nancy Kearney* 4/16/96 407 747-8590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)