

**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	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1948741	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

ST. JOHN, KING & DICKER, LAW OFFICE  
500 AUSTRALIAN AV SO STE 600  
W PALM BCH FL 33401

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ANDERSON, TOM 19550 TRAILSEND TERR. JUPITER FL	11 TITLE	PD SHERMAN, R. SCOTT 6205 WOOD LAKE RD JUPITER FL
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VPD CROUSE, GENGE 6048 WOOD LAKE RD JUPITER FL	21 TITLE	TD YAFFE, HOWARD 6191 WOOD LAKE ROAD JUPITER FL
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	VPD LEIKIN, SUSAN 19638 RED MAPLE LANE JUPITER FL	31 TITLE	SD KEARNEY, NANCY 6164 WOOD LAKE RD JUPITER FL
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	TD RUSSELL, SCOTT 6646 WOOD LAKE RD JUPITER FL	41 TITLE	D MANCO, DEBBIE 6171 WOOD LAKE RD JUPITER FL
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	SD CARLTON, LISA 6152 WOOD LAKE RD. JUPITER FL	51 TITLE	D BYRD, MICHAEL 6230 WOOD LAKE RD JUPITER FL
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	D SONNITAG, SHARON 6153 SAND PINE COURT JUPITER FL
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)