

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 11 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/16/1980</b>		3a. Date of Last Report <b>04/24/1996</b>	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-1948741</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State <b>JUPITER, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	29	30
		<b>33468 - 7574</b>	<b>USA</b>

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	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERMAN, R. SCOTT	1.2 NAME	KEN FLATON
STREET ADDRESS	6205 WOOD LAKE ROAD	1.3 STREET ADDRESS	19523 TRAILS END TERRACE
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAAAAFFE, HOWARD	2.2 NAME	HOWARD YAFFE
STREET ADDRESS	6191 WOOD LAKE ROAD	2.3 STREET ADDRESS	6191 WOOD LAKE RD
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEARNEY, NANCY	3.2 NAME	PATTI RUE
STREET ADDRESS	6164 WOOD LAKE ROAD	3.3 STREET ADDRESS	6672 WOOD LAKE ROAD
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DONNA BRYAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCO, DEBBIE	4.2 NAME	6217 SAND PINE COURT
STREET ADDRESS	6171 WOOD LAKE ROAD	4.3 STREET ADDRESS	JUPITER, FL 33458
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, MICHAEL	5.2 NAME	
STREET ADDRESS	6230 WOOD LAKE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONNTAG, SHARON	6.2 NAME	
STREET ADDRESS	6153 SAND PINE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ SIGNATURE REQUIRED

CFR2E037 (4/97)