


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|  |  |
|--|--|
| Principal Place of Business<br>500 AUSTRALIAN AVE SO. STE 600<br>PO BOX 4533 (TEQUESTA-33469)<br>W PALM BCH FL 33401 | Mailing Address<br>P O BOX 7574<br>JUPITER FL 33468-7574<br>US |
|--|--|

|   |                                       |  |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>09/16/1980</b>  | 4. FEI Number<br><b>59-1948741</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                       |                                       |  |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

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 \_\_\_\_\_ 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 FLATON, KEN <input type="checkbox"/> DELETE    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 19523 TRAILS END TERRACE                          | 1.2 NAME  |   |
| STREET ADDRESS             | JUPITER FL  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD YAFFE, HOWARD <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 6191 WOOD LAKE ROAD                               | 2.2 NAME  |   |
| STREET ADDRESS             | JUPITER FL  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD KEARNEY, NANCY <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 6164 WOOD LAKE ROAD                               | 3.2 NAME  |   |
| STREET ADDRESS             | JUPITER FL  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D RUE, PATTI <input type="checkbox"/> DELETE      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 6672 WOOD LAKE ROAD                               | 4.2 NAME  |   |
| STREET ADDRESS             | JUPITER FL  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D BRYAN, DONNA <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 6217 SAND PINE COURT                              | 5.2 NAME  |   |
| STREET ADDRESS             | JUPITER FL  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D SONNTAG, SHARON <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 6153 SAND PINE COURT                              | 6.2 NAME  |   |
| STREET ADDRESS             | JUPITER FL  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

14. I 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; 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, upon an attachment with an address.

SIGNATURE: Sandra B. Mortham **SIGNATURE REQUIRED** 1/31/98 561-675-0445

CR2E037 (10/97)