

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90090 016 \*\*\*\*61.25

0046412

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 754186

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 7574  
 JUPITER FL 33468-7574  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/16/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1948741	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

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	FL	85

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	1.1 TITLE	SECRETARY
NAME	FLATON, KEN	1.2 NAME	SCHWARTZ, LESLIE
STREET ADDRESS	19523 TRAILS END TERRACE	1.3 STREET ADDRESS	6171 WOOD LAKE ROAD
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	TD	2.1 TITLE	DIRECTOR
NAME	YAFFE, HOWARD	2.2 NAME	ROSENENFELD, IRVING
STREET ADDRESS	6191 WOOD LAKE ROAD	2.3 STREET ADDRESS	19626 RED MAPLE LANE
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	SD	3.1 TITLE	DIRECTOR
NAME	KEARNEY, NANCY	3.2 NAME	PELCHEN, RICHARD
STREET ADDRESS	6164 WOOD LAKE ROAD	3.3 STREET ADDRESS	6079 WOOD LAKE ROAD
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D	4.1 TITLE	
NAME	RUE, PATTI	4.2 NAME	
STREET ADDRESS	6672 WOOD LAKE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRYAN, DONNA	5.2 NAME	
STREET ADDRESS	6217 SAND PINE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/25/99 561-775-3323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)