

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 754186**

1. Entity Name

**WHISPERING TRAILS HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90070 008 \*\*\*\*61.25

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1948741</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, LESLIE</b>
STREET ADDRESS	<b>6171 WOOD LAKE RD</b>
CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROSENENFELD, IRVING</b>
STREET ADDRESS	<b>19626 RED MAPLE LN</b>
CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PELCHEN, RICHARD</b>
STREET ADDRESS	<b>6079 WOOD LAKE RD</b>
CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>RUE, PATTI</b>
STREET ADDRESS	<b>6672 WOOD LAKE ROAD</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Delete
NAME	<b>HOWARD YAFFE</b>
STREET ADDRESS	<b>6191 WOODLAKE</b>
CITY-ST-ZIP	<b>JUPITER</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MARIA ELIAS</b>
STREET ADDRESS	<b>6153 WOODLAKE</b>
CITY-ST-ZIP	<b>JUPITER</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CANDACE KOESTER</b>
STREET ADDRESS	<b>6191 SAND PINE CT</b>
CITY-ST-ZIP	<b>JUPITER</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE OF REGISTERED AGENT *[Signature]* 1/4/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)