

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	Zip	Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANDACE KOESTER	
STREET ADDRESS	6191 SAND PINE CT	
CITY-ST-ZIP	JUPITER	
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 HOWARD YAFFE 1/4/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)