

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90056 041 \*\*\*\*61.25

0054810

**DOCUMENT # 754186**  
 1. Entity 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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

4. FEI Number <b>59-1948741</b>	Applied For Not Applicable
------------------------------------	-------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

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

**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 NAME S SCHWARTZ, LESLIE STREET ADDRESS 6171 WOOD LAKE RD CITY-ST-ZIP JUPITER FL 33458	<input checked="" type="checkbox"/> Delete
TITLE NAME D ROSENFELD, IRVING STREET ADDRESS 19626 RED MAPLE LN CITY-ST-ZIP JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME D PELCHEN, RICHARD STREET ADDRESS 6079 WOOD LAKE RD CITY-ST-ZIP JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME P YAFFE, HOWARD STREET ADDRESS 6191 WOODLAKE CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME D ELIAS, MARIA STREET ADDRESS 6153 WOODLAKE CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME T KOESTER, CANDACE STREET ADDRESS 6191 SAND PINE CT CITY-ST-ZIP JUPITER FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME SECRETARY MARIA ELIAS STREET ADDRESS 6153 WOOD LAKE RD CITY-ST-ZIP JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME DIRECTOR SUE BURGIN STREET ADDRESS 6080 WOOD LAKE RD CITY-ST-ZIP JUPITER, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TREASURER HOWARD YAFFE STREET ADDRESS 6191 WOOD LAKE RD CITY-ST-ZIP JUPITER, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Howard Yaffe* **REQUIRED** **HOWARD YAFFE** **4/1/01** **561-775-3323**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)