

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754186

FILED
Apr 20, 2005
Secretary of State

Entity Name: WHISPERING TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1818 AUSTRALIAN AVE
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 7574
JUPITER, FL 334687574 US

New Mailing Address:

FEI Number: 59-1948741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, PA
1818 AUSTRALIAN AVE
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MULCAHY, ALAN
Address: 6320 WOOD LAKE ROAD
City-St-Zip: JUPITER, FL 33458

Title: S () Delete
Name: TRUSI, MARK
Address: 19506 TRAILS END TERRACE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: PELCHEN, RICHARD
Address: 6079 WOOD LAKE RD
City-St-Zip: JUPITER, FL 33458

Title: P () Delete
Name: YAFFE, HOWARD
Address: 6191 WOODLAKE
City-St-Zip: JUPITER, FL

Title: D () Delete
Name: MAYS, LISA
Address: 19615 TRAILS END TERRACE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: PELCHEN, GLORIA
Address: 6079 WOOD LAKE RD
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN MULCAHY

T

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date