

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754186

FILED  
Feb 02, 2009  
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: 65-0051134      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: ESPOSITO, DONALD  
Address: 6335 WOOD LAKE RD  
City-St-Zip: JUPITER, FL 33458

Title: S      ( ) Delete  
Name: WESTER, ALBERT  
Address: 6114 WOOD CREEK COURT  
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  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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 exemption stated in Chapter 119, 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: DONALD ESPOSITO

T

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date