

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90217 003 ****61.25

DOCUMENT # 754186

1. Entity Name
WHISPERING TRAILS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1818 AUSTRALIAN AVE
WEST PALM BEACH FL 33409
US**

Mailing Address
**P O BOX 7574
JUPITER FL 33468-7574
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1948741**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, MARY	
STREET ADDRESS	19570 TRAILS END TERRACE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input checked="" 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	P	<input type="checkbox"/> Delete
NAME	YAFFE, HOWARD	
STREET ADDRESS	6191 WOODLAKE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, CHRISTINE	
STREET ADDRESS	6127 WOOD LAKE ROAD	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURGIN, SUE	
STREET ADDRESS	6080 WOOD LAKE RD.	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian K. Gray	
STREET ADDRESS	6334 WOOD LAKE Rd	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARA TAYLOR	
STREET ADDRESS	19507 TRAILS END TERRACE	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA PELCHEN	
STREET ADDRESS	6079 WOOD LAKE Rd	
CITY-ST-ZIP	Jupiter FL 33458	
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: **Brian K. Gray** 1/12/03 741-4017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/02)