

**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		4. FEI Number <b>59-1948741</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>DICKER, KRIVOK &amp; STOLOFF, PA 1818 AUSTRALIAN AVE WEST PALM BEACH FL 33409</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
---------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REYNOLDS, MARY</b>		NAME	<b>Brian K. Gray</b>	
STREET ADDRESS	<b>19570 TRAILS END TERRACE</b>		STREET ADDRESS	<b>6334 WOOD LAKE Rd</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>		CITY-ST-ZIP	<b>Jupiter, FL 33458</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSENENFELD, IRVING</b>		NAME	<b>SARA TAYLOR</b>	
STREET ADDRESS	<b>19626 RED MAPLE LN</b>		STREET ADDRESS	<b>19507 TRAILS END TERRACE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>		CITY-ST-ZIP	<b>Jupiter FL 33458</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PELCHEN, RICHARD</b>		NAME	<b>GLORIA PELCHEN</b>	
STREET ADDRESS	<b>6079 WOOD LAKE RD</b>		STREET ADDRESS	<b>6079 WOOD LAKE Rd</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>		CITY-ST-ZIP	<b>Jupiter FL 33458</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YAFFE, HOWARD</b>		NAME		
STREET ADDRESS	<b>6191 WOODLAKE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JUPITER FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART, CHRISTINE</b>		NAME		
STREET ADDRESS	<b>6127 WOOD LAKE ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JUPITER FL 33458</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGIN, SUE</b>		NAME		
STREET ADDRESS	<b>6080 WOOD LAKE RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JUPITER FL 33458</b>		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

CP2E037 (10/02)