

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754186

**FILED**  
**Jul 07, 2017**  
**Secretary of State**  
**CC2341337012**

**Entity Name:** WHISPERING TRAILS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1818 AUSTRALIAN AVE  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

P O BOX 7574  
JUPITER, FL 33468-7574 US

**FEI Number:** 65-0051134

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title T  
Name BLAKISTON, HENRY Y  
Address 19558 TRAILS END TERRACE  
City-State-Zip: JUPITER FL 33458

Title P  
Name DEPALMA, JOHN  
Address 6147 WOOD CREEK CT  
City-State-Zip: JUPITER FL 33458

Title D  
Name MAYS, LISA  
Address 19615 TRAILS END TERRACE  
City-State-Zip: JUPITER FL 33458

Title D  
Name PELCHEN, GLORIA  
Address 6079 WOOD LAKE RD  
City-State-Zip: JUPITER FL 33458

Title VP  
Name CARLTON, LISA  
Address 6152 WOOD LAKE RD  
City-State-Zip: JUPITER FL 33458

Title D  
Name HINES, MARY  
Address 19626 RED MAPLE LN  
City-State-Zip: JUPITER FL 33458

Title S  
Name NYS, CLAUDETTE  
Address 19611 TRAILS END TER  
City-State-Zip: JUPITER FL 33458

*I hereby 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 all other like empowered.*

**SIGNATURE: HENRY Y. BLAKISTON**

**TREASURER**

**07/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date