

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754186

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 PRESIDENT
Name IMSE, JESSICA A
Address 6171 WOOD LAKE RD
City-State-Zip: JUPITER FL 33458

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

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

Title VP
Name ESPENSHIP, SCOTT
Address 6361 WOOD LAKE RD
City-State-Zip: JUPITER FL 33458

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

Title TREASURER
Name BRINICH, BECKY
Address 6114 WOODLAKE RD.
City-State-Zip: JUPITER FL 33458

Title SECRETARY
Name CROWE, TIMOTHY
Address 6191 WOODLAKE RD.
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name MONTGOMERY, KEN
Address P O BOX 7574
City-State-Zip: JUPITER FL 33468-7574

Continues on page 2

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: BECKY BRINICH

TREASURER

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name SICKLE, MARC

Address P O BOX 7574

City-State-Zip: JUPITER FL 33468-7574