2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754186

Entity Name: WHISPERING TRAILS HOMEOWNERS ASSOCIATION, INC.

FILED
May 08, 2018
Secretary of State
CC9725933656

Current Principal Place of Business:

1818 AUSTRIALIAN 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 Title F

Name BLAKISTON, HENRY Y Name DEPALMA, JOHN

Address 19558 TRAILS END TERRACE Address 6147 WOOD CREEK CT

City-State-Zip: JUPITER FL 33458 City-State-Zip: JUPITER FL 33458

Title D Title D

NameMAYS, LISANamePELCHEN, GLORIAAddress19615 TRAILS END TERRACEAddress6079 WOOD LAKE RD

City-State-Zip: JUPITER FL 33458 City-State-Zip: JUPITER FL 33458

Title VP Title [

Name CARLTON, LISA Name HINES, MARY

Address 6152 WOOD LAKE RD Address 19626 RED MAPLE LN

City-State-Zip: JUPITER FL 33458

City-State-Zip: JUPITER FL 33458

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 TRE

Electronic Signature of Signing Officer/Director Detail

TREASURER

05/08/2018

Date