

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

STOLOFF & MANOFF, P.A.  
1818 SOUTH AUSTRALIAN AVE.  
STE. 400  
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            SICKLE, MARC 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            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            VP  
Name            JESSICA, HOLGUIN  
Address        P O BOX 7574  
City-State-Zip: JUPITER FL 33468-7574

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

*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**

**09/22/2021**

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

\_\_\_\_\_  
Date