

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90013 022 \*\*\*\*70.00

<b>DOCUMENT # N04000001486</b>	
1. Entity Name <b>WHISPERING TRAILS PROPERTY OWNERS ASSOCIATION, INC.</b>	
Principal Place of Business <b>902 CLINT MOORE ROAD BOCA RATON, FL 33486</b>	Mailing Address <b>C/O A&amp;N MGMT 902 CLINT MOORE RD #110 BOCA RATON, FL 33487</b>



01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2145903</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BROUGH, CHADROW & LEVINE, P.A.  
1900 NORTH COMMERCE PARKWAY  
WESTON, FL 33326**

**DO NOT WRITE  
IN THIS SPACE**

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 MARK A. CACCIATORE  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/08  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CACCIATORE, MARK  
STREET ADDRESS 3932 PASSION FLOWER ROAD  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE VP  
NAME PATEL, JAYESH  
STREET ADDRESS 3914 MONARCH LANE  
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE TR  
NAME LEAL, NELSON  
STREET ADDRESS 3921 SLEEPY ORANGE  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE ST  
NAME HADDY, RITA  
STREET ADDRESS 3925 SLEEPY ORANGE LANE  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE DR  
NAME SZYMANSKI, JOYCE  
STREET ADDRESS 3932 PASSION FLOWER ROAD  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MARK A. CACCIATORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #