

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001486

FILED
Apr 30, 2009
Secretary of State

Entity Name: WHISPERING TRAILS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

902 CLINT MOORE ROAD
SUITE 110
BOCA RATON, FL 33486

New Principal Place of Business:

6413 CONGRESS AVE
SUITE 200
BOCA RATON, FL 33487

Current Mailing Address:

C/O A&N MGMT
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

New Mailing Address:

CREST MANAGEMENT GROUP
6413 CONGRESS AVE. SUITE 200
BOCA RATON, FL 33487

FEI Number: 54-2145903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CREST MANAGEMENT GROUP
6413 CONGRESS AVE.
SUITE 200
BOCA RATON, FL 33487 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: GARY BUDD

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CACCIATORE, MARK
Address: 3932 PASSION FLOWER ROAD
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP () Delete
Name: PATEL, JAYESH
Address: 3914 MONARCH LANE
City-St-Zip: COCONUT CREEK, FL 33063

Title: TR () Delete
Name: LEAL, NELSON
Address: 3921 SLEEPY ORANGE
City-St-Zip: COCONUT CREEK, FL 33073

Title: ST () Delete
Name: HADDY, RITA
Address: 3925 SLEEPY ORANGE LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: DR (X) Delete
Name: SZYMANSKI, JOYCE
Address: 3932 PASSION FLOWER ROAD
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GUNTER, JANET
Address: 3915 PASSION FLOWER RD.
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK CACCIATORE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date