## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N18774

FILED Mar 16, 2009 Secretary of State

Entity Name: WHISPER TRACE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 **New Mailing Address: Current Mailing Address:** PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 FEI Number: 65-0016582 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RANDALL K ROGERS & ASSOCIATES, P.A. TODD SURBER, ESQUIRE 621 N.W. 53RD STREET, STE 300 205 N.E. 5TH TERRACE BOCA RATON, FL 33487 DELRAY BEACH, FL 33444 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: TODD SURBER, ESQUIRE 03/16/2009 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition SABATH, ALLEN Name: Name: 5372 N.W. 21ST AVENUE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: Title: ( ) Delete () Change () Addition YOUNG, VIVIAN Name: Name: Address: 5486 N.W. 21ST AVENUE Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: VP2 () Delete Title: () Change () Addition MOORE, SUE Name: Name: Address: 5498 N.W. 21ST AVENUE Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ARMON, BOB Name: Address: 5385 S NW 21ST AVE. Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TRACTENBERG, MICHAEL TRACTENBERG, MICHAEL Name: Name: 5367 NW 21ST AVE 5367 NW 21ST AVE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: BOCA RATON, FL 33496

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: ALLEN SABATH Ρ 03/16/2009