

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 768176 (0)**

1. Corporation Name

**WHISPER WALK ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1061 S. ROGERS CIR.  
BOCA RATON FL 33487  
US

1061 S ROGERS CIR.  
DELRAY BEACH FL 33487  
US

3. Date Incorporated or Qualified **04/27/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **6300 PARK OF COMMERCE BLDG** 2a. Mailing Address  
26 **6300 PARK OF COMMERCE BLDG**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State  
23 **BOCA RATON FL** 27 City & State  
28 **BOCA RATON FL**  
24 **33487** 25 **Palm Beach** 29 **33487** 30 **Palm Beach**

4. FEI Number **59-2349682** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANIELS, STEVEN  
SACHS & SAX, P.A.  
301 YAMATO RD., #4150  
BOCA RATON FL 33431**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOSS, IRWIN	
STREET ADDRESS	8622 DREAMSIDE LA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDFARB, JOYCE	
STREET ADDRESS	8945 WINDTREE ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, JERRY	
STREET ADDRESS	8075 SONGBIRD TERR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARATT, SEYMOUR	
STREET ADDRESS	8625 JASMINE WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCHOENBAUM, BARRY	
1.3 STREET ADDRESS	8847 SUNNARROW LN	
1.4 CITY-ST-ZIP	BOCA RATON FL 33496	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOYCE GOLDFARB	
2.3 STREET ADDRESS	8945 WINDTREE ST.	
2.4 CITY-ST-ZIP	BOCA RATON, FL	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MILLARD SHULMAN	
3.3 STREET ADDRESS	8431 SPRINGLAKE DRIVE	
3.4 CITY-ST-ZIP	BOCA RATON, FL	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KASLER, LOU	
4.3 STREET ADDRESS	8142 WINGATE DR	
4.4 CITY-ST-ZIP	BOCA RATON FL 33496	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry H. Schoenbaum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BARRY H. SCHOENBAUM**

5-10-96 467-858-5953  
Date Daytime Phone #

CR2E037 (12/95)