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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 768176 (0)

1. Corporation Name
WHISPER WALK ASSOCIATION, INC.



Principal Place of Business Mailing Address
6300 PARK OF COMMERCE BLVD
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487 US
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8229
US

3. Date Incorporated or Qualified 04/27/1983
3a. Date of Last Report 05/21/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETED
NAME SCHOENBAUM, BARRY
STREET ADDRESS 8347 SUNMEADOWLA
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE PD Barry Shoenbaum
1.2 NAME 8347 SunmeadowLA.
1.3 STREET ADDRESS Boca Raton, FL
1.4 CITY-ST-ZIP

TITLE TD DELETED
NAME GOLDFARB, JOYCE
STREET ADDRESS 8945 WINDTREE ST.
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE VPB Millard Shulman
2.2 NAME 8431 Springlake Dr.
2.3 STREET ADDRESS Boca Raton, FL
2.4 CITY-ST-ZIP

TITLE VD DELETED
NAME SHULMAN, MILLARD
STREET ADDRESS 8431 SPRINGLAKE DRIVE
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE 2nd VPB Jerry Harris
3.2 NAME 8075 Songbird Terr.
3.3 STREET ADDRESS Boca Raton, FL
3.4 CITY-ST-ZIP

TITLE SD DELETED
NAME KASSLER, LOU
STREET ADDRESS 8142 WINGATE DR
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE SD Louis Kassler
4.2 NAME 8142 Windgate Dr.
4.3 STREET ADDRESS Boca Raton, FL
4.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE 7D Joyce Goldfarb
5.2 NAME 8945 Windtree St.
5.3 STREET ADDRESS Boca Raton, FL
5.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Joyce Goldfarb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)