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Secretary of State

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UNAPPROVED

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768176

1. Corporation Name

WHISPER WALK ASSOCIATION, INC.

Principal Place of Business

6300 PARK OF COMMERCE BLVD  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487  
US

Mailing Address

6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/27/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2349682

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWATT, MYRON  
PRIME MANAGEMENT INC  
6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487

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 of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
PD	SCHOENBAUM, BARRY 8347 SUNMEADOWLA BOCA RATON FL	1.2 NAME	<input type="checkbox"/>
TD	GOLDFARB, JOYCE 8945 WINDTREE ST. BOCA RATON FL	1.3 STREET ADDRESS	<input type="checkbox"/>
VP	WEXLER, JANET 8077 SPRINGTREE RD BOCA RATON FL 33496	1.4 CITY-ST-ZIP	<input type="checkbox"/>
SD	KASSLER, LOU 8142 WINGATE DR BOCA RATON FL	2.1 TITLE	<input type="checkbox"/>
VPD	HARRIS, JERRY 8075 SONGBIRD TERR BOCA RATON FL	2.2 NAME	<input type="checkbox"/>
		2.3 STREET ADDRESS	<input type="checkbox"/>
		2.4 CITY-ST-ZIP	<input type="checkbox"/>
		3. TITLE	<input type="checkbox"/>
		3.2 NAME	<input type="checkbox"/>
		3.3 STREET ADDRESS	<input type="checkbox"/>
		3.4 CITY-ST-ZIP	<input type="checkbox"/>
		4.1 TITLE	<input type="checkbox"/>
		4.2 NAME	<input type="checkbox"/>
		4.3 STREET ADDRESS	<input type="checkbox"/>
		4.4 CITY-ST-ZIP	<input type="checkbox"/>
		5.1 TITLE	<input type="checkbox"/>
		5.2 NAME	<input type="checkbox"/>
		5.3 STREET ADDRESS	<input type="checkbox"/>
		5.4 CITY-ST-ZIP	<input type="checkbox"/>
		6.1 TITLE	<input type="checkbox"/>
		6.2 NAME	<input type="checkbox"/>
		6.3 STREET ADDRESS	<input type="checkbox"/>
		6.4 CITY-ST-ZIP	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE: JERRY HARRIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2/17/99 Daytime Phone #: 561 479-1971

CR2E037 (11/98)