


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90003 038 ****61.25

0076889

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N14438

1. Corporation Name
WHISPER WALK SECTION B ASSOCIATION, INC.

Principal Place of Business REG NAME <i>Seymour Baratt</i> 8690 FLAMINGO DRIVE BOCA RATON FL 33496 US	Mailing Address 26 8690 FLAMINGO DRIVE BOCA RATON FL 33496 US
--	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/17/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2663684
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SWATT, MYRON 6300 PK OF COMMERCE BLVD 1051 S ROGERS CIRCLE BOCA RATON FL 33487	10. Name and Address of New Registered Agent 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]* (NOTE: Registered Agent signature required when reinstating) DATE: *2/23/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARATT, SEYMOUR		1.2 NAME Lee LANSAN	
STREET ADDRESS 8625 JASMINE WAY		1.3 STREET ADDRESS 8908 Sunscape LANE	
CITY-ST-ZIP BOCA RATON FL 33496		1.4 CITY-ST-ZIP Boca Raton, FL 33496	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE D Renee Silber	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PRIMACK, MORT		2.2 NAME	
STREET ADDRESS 8638 JASMINE		2.3 STREET ADDRESS 8903 Sunnywood Place	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP Boca Raton FL 33496	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SINGER, SOLON		3.2 NAME SEYMOUR BARATT	
STREET ADDRESS 8620 SUNBIRD PL		3.3 STREET ADDRESS 8625 Jasmine way	
CITY-ST-ZIP BOCA RATON FL 33496		3.4 CITY-ST-ZIP Boca Raton, FL 33496	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE 2nd VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARLOE, LOU		4.2 NAME marloe Lou	
STREET ADDRESS 8930 WINDTREE LANE		4.3 STREET ADDRESS 8930 Windtree Lane	
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-ST-ZIP BOCA RATON, FL 33496	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOB BOLNICK		5.2 NAME	
STREET ADDRESS 8939 SUNSCAPE LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D Solon Singer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS 8620 Sunbird Place	
CITY-ST-ZIP		6.4 CITY-ST-ZIP BOCA RATON, FL 33496	

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SEYMOUR BARATT** DATE: *1-5-99* DAYTIME PHONE #: *561-852-9464*

CR2E037 (1/98)