


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N14438**

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




Principal Place of Business      Mailing Address

SEYMORE BARATT  
 8690 FLAMINGO DRIVE  
 BOCA RATON, FL 33496 US

26  
 8690 FLAMINGO DRIVE  
 BOCA RATON, FL 33496 US

**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-NP      CR2E037 (4/06)

4. FEI Number 59-2663684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BARATT, SEYMOUR  
 WHISPER WALK SEC. B ASSOC. INC.  
 6300 PK OF COMMERCE BLVD  
 BOCA RATON, FL 33487

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000570333  
 07/14/06-80009-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARATT, SEYMOUR 8625 JASMINE WAY BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, BOLNICK 8939 SUNSCAPE LANE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SINGER, SOLON 88810 SUNBIRD PLACE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRYSTALL, NEIL 8920 SUNSCAPE LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDAU, LEE 8908 SUNSCAPE LN BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, ESTHER 15543 EGRET WAY BOCA RATON, FL 33496

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Seymour Baratt*      7/11/06      852-9464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #