

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90121 009 \*\*\*\*61.25

DOCUMENT # **N14438**

1. Entity Name

**WHISPER WALK SECTION B ASSOCIATION, INC.**



Principal Place of Business

**SEYMORE BARATT  
8690 FLAMINGO DRIVE  
BOCA RATON FL 33496  
US**

Mailing Address

**26  
8690 FLAMINGO DRIVE  
BOCA RATON FL 33496  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2663684**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SWATT, MYRON  
6300 PK OF COMMERCE BLVD  
1051 S ROGERS CIRCLE  
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BARATT, SEYMOUR</b>	
STREET ADDRESS	<b>8625 JASMINE WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERT, POLCOCK</b>	
STREET ADDRESS	<b>8939 SUNSCAPE LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SINGER, SOLON</b>	
STREET ADDRESS	<b>86810 SUNBIRD PLACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CRYSTALL, NEIL</b>	
STREET ADDRESS	<b>8920 SUNSCAPE LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LANDAU, LEE</b>	
STREET ADDRESS	<b>8908 SUNSCAPE LN</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Esther Cohen</b>	
STREET ADDRESS	<b>15248 Egret Way</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33496</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RENEE SILBER</b>	
STREET ADDRESS	<b>8903 SUNNYWOOD PL.</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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** 1-15-03 561-652-9464

CR2E037 (10/02)