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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N21868 (7)

1. Corporation Name

WHISPER WALK SECTION C ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8050 SPRINGTREE RD  
BOCA RATON FL 33496

8050 SPRINGTREE RD  
BOCA RATON FL 33496-5179



3. Date Incorporated or Qualified  
08/04/1987

3a. Date of Last Report  
05/01/1996

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

4. FEI Number  
59-2840356

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

SWATT, MYRON T  
1061 S ROGERS CIR  
BOCA RATON FL 33487

81 Name SWATT, MYRON T.  
82 Street Address (P.O. Box Number is Not Acceptable)  
6800 PARK OF LAMAR BL.  
83  
84 City BOCA RATON FL 85 Zip Code 33487

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

T ☐ DELETE  
NAME WEXLER, JANET  
STREET ADDRESS 8077 SPRING TREE ROAD  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE RECORDING SECY ☐ Change ☒ Addition  
1.2 NAME Phyllis TAMARES  
1.3 STREET ADDRESS 8168 Summerbreeze LANE  
1.4 CITY-ST-ZIP Boca Raton FL 33496

DP ☐ DELETE  
NAME MALIKIN, MARION  
STREET ADDRESS 8153 SPRINGTREE RD  
CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

DV ☐ DELETE  
NAME PAUL, MEL  
STREET ADDRESS 8191 SWEETBRIAR WAY  
CITY-ST-ZIP BOCA RATON FL 33496

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D ☐ DELETE  
NAME MALAMUD, JULIUS  
STREET ADDRESS 8059 SONGBIRD TERR  
CITY-ST-ZIP BOCA RATON FL 33496

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

DV ☐ DELETE  
NAME RILL, JOYCE  
STREET ADDRESS 8131 SUMMERBREEZE  
CITY-ST-ZIP BOCA RATON FL 33496

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

DS ☐ DELETE  
NAME LUCILLE, LIPKIN  
STREET ADDRESS 8171 SWEETBRIAR WAY  
CITY-ST-ZIP BOCA RATON FL 33496

6.1 TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045220

MARION MALIKIN 1/1/97 561-451-2871

CR2E037 (9/96)