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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21868** (7)

1. Corporation Name

WHISPER WALK SECTION C ASSOCIATION, INC.



Principal Place of Business 8050 SPRINGTREE RD BOCA RATON FL 33496	Mailing Address 8050 SPRINGTREE RD BOCA RATON FL 33496
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3. Date Incorporated or Qualified 08/04/1987
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4. FEI Number 59-2840356	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SWATT, MYRON I 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP T WEXLER, JANET 8077 SPRING TREE ROAD BOCA RATON FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DIRECTOR AT LARGE Bernard LEES 8318 SPRINGTREE RD Boca Raton, FLORIDA 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP MALIKIN, MARION 8153 SPRINGTREE RD BOCA RATON FL 33496	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DIRECTOR AT LARGE EDWARD Cappucci 8120 Summerbreeze LANE Boca Raton FLORIDA 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP PAUL, MEL 8191 SWEETBRIAR WAY BOCA RATON FL 33496	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DIRECTOR AT LARGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MALAMUD, JULIUS 8059 SONGBIRD TERR BOCA RATON FL 33496	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP OV RILL, JOYCE 8131 SUMMERBREEZE BOCA RATON FL 33496	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS LUCILLE, LIPKIN 8171 SWEETBRIAR WAY BOCA RATON FL 33496	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP PLUS 2ND Vice Pres.

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.

SIGNATURE: *Marion Malikin, President* 1/12/98 561-451-2871

CR2E037 (10/97)