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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21868

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/04/1987

22 City & State

27 City & State

4. FEI Number
 59-2840356

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 25

29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWATT, MYRON I
 6300 PARK OF COMMERCE BLVD.
 BOCA RATON FL 33487

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 of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE DIRECTOR Change Addition
 1.2 NAME Edward Cappucci
 1.3 STREET ADDRESS 8120 Summerbreeze LA.
 1.4 CITY-ST-ZIP Boca Raton FL 33496

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

2.1 TITLE Change Addition
 2.2 NAME SOL Levine
 2.3 STREET ADDRESS 8067 Sweetbriar Way
 2.4 CITY-ST-ZIP Boca Raton FL 33496

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

3.1 TITLE Change Addition
 3.2 NAME MEL PAUL
 3.3 STREET ADDRESS 8191 SWEETBRIAR Way
 3.4 CITY-ST-ZIP Boca Raton FL 33496

TITILE DELETE
 NAME LEES, BERNARD
 STREET ADDRESS 8318 SPRINGTREE RD
 CITY-ST-ZIP BOCA RATON FL 33496

4.1 TITLE Change Addition
 4.2 NAME Roger Griffith
 4.3 STREET ADDRESS 8018 SpringSide Ct
 4.4 CITY-ST-ZIP Boca Raton FL 33496

TITILE 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

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

6.1 TITLE Change Addition
 6.2 NAME Lucille Lipkin
 6.3 STREET ADDRESS 8171 Sweetbriar way
 6.4 CITY-ST-ZIP Boca

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

1/18/99

561-451-2871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)