

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N21868**

1. Entity Name

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

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90077 047 \*\*\*\*61.25

Principal Place of Business 8050 SPRINGTREE RD BOCA RATON FL 33496	Mailing Address 8050 SPRINGTREE RD BOCA RATON FL 33496-5179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2840356</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SWATT, MYRON I**  
**6300 PARK OF COMMERCE BLVD.**  
**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
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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.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

*1/18/00*

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

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAPPUCCI, EDWARD</b>	
STREET ADDRESS	<b>8120 SUMMERBREEZE LA</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MALIKIN, MARION</b>	
STREET ADDRESS	<b>8153 SPRINGTREE RD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAUL, MEL</b>	
STREET ADDRESS	<b>8191 SWEETBRIAR WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFITH, ROGER</b>	
STREET ADDRESS	<b>8018 SPRINGSIDE CT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>RILL, JOYCE</b>	
STREET ADDRESS	<b>8131 SUMMERBREEZE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>DSVR</b>	<input type="checkbox"/> Delete
NAME	<b>LUCILLE, LIPKIN</b>	
STREET ADDRESS	<b>8171 SWEETBRIAR WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPPUCCI, EDWARD</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEVINE, SOL</b>	
STREET ADDRESS	<b>8067 Sweetbriar Way</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	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lipkin, Lucille</b>	
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: **1/5/99 561-451-2871**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)