

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90014 029 \*\*\*\*61.25

<b>DOCUMENT # N21868</b>					
<b>1. Entity Name</b> WHISPER WALK SECTION C ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8050 SPRINGTREE RD BOCA RATON, FL 33496			<b>Mailing Address</b> 2400 CENTRE PARK WEST DR SUITE 175 WEST PALM BEACH, FL 33409		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2840356	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SEACREST SERVICES, INC. 2400 CENTRE PARK WEST DR SUITE 175 WEST PALM BEACH, FL 33409			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to: Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> MALIKIN, MARION		<b>TITLE</b> DIRECTOR	<b>NAME</b> JOYCE SCHILDKRUT	
<b>STREET ADDRESS</b> 8153 SPRINGREE ROAD	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33496		<b>STREET ADDRESS</b> 8127 SONGBIRD TERRACE	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33496	
<b>TITLE</b> 1VP	<b>NAME</b> RILL, JOYCE		<b>TITLE</b> DIRECTOR	<b>NAME</b> ANNETTE LEWINTER	
<b>STREET ADDRESS</b> 8131 SUMMERBREEZE LA.	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33496		<b>STREET ADDRESS</b> 8142 SONGBIRD TERRACE	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33496	
<b>TITLE</b> CS	<b>NAME</b> LEGETTE, GLORIA		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 8091 SONGBIRD TERR	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33496		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> DELLA RATTI, RALPH		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 8128 SUMMERBREEZE LN	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33496		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> T	<b>NAME</b> ROSE, ANNETTE		<b>TITLE</b> 	<b>NAME</b> ANNETTE ROSE, TREAS.	
<b>STREET ADDRESS</b> 8018 SPRINGSIDE CT	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33496		<b>STREET ADDRESS</b> 8018 SPRINGSIDE CT	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33496	
<b>TITLE</b> D	<b>NAME</b> TIEGEN, WALTER		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 8026 SPRINGSIDE CT.	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33496		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Marion Malikin President</i> <b>MARION MALIKIN</b> <i>1/8/08</i> <i>561-451-2871</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					