

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N36305 (3)**

1. Corporation Name

WHISPER WALK SECTION E ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1051 S ROGERS CR
SUITE 200
BOCA RATON FL 33487
US

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SUITE 200
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified

01/22/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0245109

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6300 PARK OF COMMERCE BLVD

27 6300 PARK OF COMMERCE BLVD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Boca Raton FL

28 Boca Raton FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33487

25 PALM BEACH

29 33487

30 PALM BEACH

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

DANIELS, STEVE
301 YAMATO RD., #4150
BOCA RATON FL 33431

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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, JOE	
STREET ADDRESS	8443 PARK GATE RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOTTLIEB, ANITA	
STREET ADDRESS	8289 SUMMERSONG TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, MILTON	
STREET ADDRESS	8156 SPRINGLAKE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FELDMAN, SEYMOUR	
STREET ADDRESS	8159 SPRINGLAKE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZAFFRI, ARTIE	
STREET ADDRESS	8186 SPRINGLAKE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAY PADGUG	
1.3 STREET ADDRESS	8262 SPRINGLAKE DR.	
1.4 CITY-ST-ZIP	BOCA RATON FL 33496	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILLARD SHULMAN	
2.3 STREET ADDRESS	8431 SPRINGLAKE DR	
2.4 CITY-ST-ZIP	BOCA RATON FL 33496	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARRIET SANDENBAUM	
3.3 STREET ADDRESS	8347 SUNBADOW LA.	
3.4 CITY-ST-ZIP	BOCA RATON FL 33496	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/20/96 407/483-7130
Date Daytime Phone #

CR2E037 (12/95)