

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

03-07-2000 90018 037 ****61.25

DOCUMENT # N36305

1. Entity Name

WHISPER WALK SECTION E ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6300 PARK OF COMMERCE BLVD.
SUITE 200
BOCA RATON FL 33487
US

6300 PARK FO COMMERCE BLVD.
SUITE 200
BOCA RATON FL 33487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0245109

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWAT, MYRON
C/O PRIME MGMT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SHULMAN, MILLARD	
STREET ADDRESS	8431 SPRINGLAKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STRAUSS, WALTER	
STREET ADDRESS	8291 SUNLAKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SCHOENBAUM, HARRIET	
STREET ADDRESS	8347 SUN MEADOW LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STRAUSS, WALTER	
STREET ADDRESS	8291 SUNLAKE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUNSKINE, MARTIN	
STREET ADDRESS	8266 SPRINGLAKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SOLON, MARTIN	
STREET ADDRESS	8235 SPRING LAKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herbert Goodman	
STREET ADDRESS	8295 Sunlake Drive	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Girsch, Gladys	
STREET ADDRESS	8175 Springlake Drive	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schoenbaum, Harriet	
STREET ADDRESS	8347 Sunmeadow Lane	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Sunshine	
STREET ADDRESS	8266 Springlake Drive	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Solon, Martin	
STREET ADDRESS	8235 Springlake Drive	
CITY-ST-ZIP	Boca Raton, FL 33496	

CR2E037 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #