


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90014 009 ****61.25

DOCUMENT # N36305

1. Entity Name
 WHISPER WALK SECTION E ASSOCIATION, INC.



Principal Place of Business
 8441 WINDING STREAM LANE
 BOCA RATON, FL 33496 US

Mailing Address
 C/O PRIME MANAGEMENT GROUP INC
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487-8290 US

94046142



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03252004 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0245109

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIREKTOR, KENNETH S
 C/O BECKER & POLIAKOFF, P.A.
 500 AUSTRALIAN AVE., NINTH FL.
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICE PRES SCHOENBAUM, HARRIET 8347 SUN MEADOW LANE BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRES SILVERMAN, HAL 8455 SPRINGLAKE DRIVE BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHUNSHINE, MARTIN 8266 SORINGLAKE DR BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIEDLAND, ALAN 82625 SUMMER ST. BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS MARTIN SOLON 8235 SPRINGLAKE DRIVE BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RALPH GIRSCH 8175 SPRINGLAKE DR BOCA RATON FL 33496 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS MARTIN SOLON 8235 SPRINGLAKE DRIVE BOCA RATON FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY JERRY SCHRAUB 8291 SPRINGLAKE DRIVE BOCA RATON FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR IRVING BERG 8159 SPRINGLAKE DR BOCA RATON, FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHERWIN LEVY 8425 SPRINGLAKE DR BOCA RATON FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Hal Silverman HAL SILVERMAN President 3/31/04 561-451-3164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #