
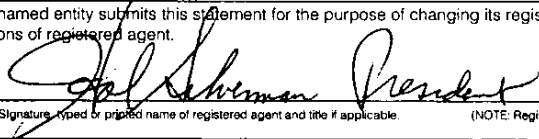
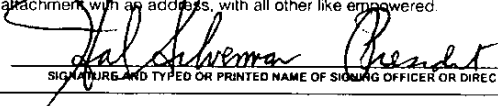


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90032 047 \*\*\*\*61.25

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # N36305</b>  |  |   |  |
| 1. Entity Name<br>WHISPER WALK SECTION E ASSOCIATION, INC.  |  | Principal Place of Business<br>8441 WINDING STREAM LANE<br>BOCA RATON, FL 33496 US   |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address<br>SEACREST SERVICES, INC.<br>2400 CENTER PARK WEST DR<br>WEST PALM BEACH, FL 33409 US                        |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |
| City & State  |  | City & State   |  |
| Zip   | Country  | Zip  | Country  |
| 6. Name and Address of Current Registered Agent<br>WHISPER WALK SEC. E. ASSOC. INC.<br>SEACREST SERVICES<br>2400 CENTREPARK WEST DR. #175<br>WEST PALM BEACH, FL 33409  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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:    |  | DATE: 1/8/08   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |  | DATE   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>              |  |
| Make check payable to Florida Department of State   |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>SCHOENBAUM, HARRIET<br>8347 SUN MEADOW LANE<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>SILVERMAN, HAL<br>8455 SPRINGLAKE DRIVE<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>SOLON, MARTIN<br>8235 SPRINGLAKE DR.<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>SCHRAUB, JERRY<br>8291 SPRINGLAKE DR.<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>COHEN, STU<br>8424 PARK GATE RD.<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LEVY, SHERWIN<br>8425 SPRINGLAKE DR.<br>BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>ISSMAN THELMA<br>8407 SPRINGLAKE DR<br>BOCA RATON FL 33496 |
| 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. |  |  |  |
| SIGNATURE:   |  | DATE: 1/8/08   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date   |  |