

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Munster
Secretary of State
Tallahassee, FL 32399-0001

DOCUMENT # 768176 (0)

1. Corporation Name

WHISPER WALK ASSOCIATION, INC.

Principal Place of Business

1051 S. ROGERS CIR
BOCA RATON FL 33497
US

Mailing Address

1051 S. ROGERS CIR
DELRAY BEACH FL 33497
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/27/1983

3a. Date of Last Report
05/01/1994

4. FCI Number
59-2349682

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.037,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a Mailing Address

26

1051 S. ROGERS CIR

Suite, Apt. #, etc.

27

City & State

28

BOCA RATON, FL

29

Zip 33487

Country

30

U.S.A.

9. Name and Address of Current Registered Agent

DANIELS, STEVEN
SACHS & SAX, P.A.
301 YAMATO RD., #4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 607.05(2) and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of person appointed agent, registered agent or the corporation)

(If 11. Change Registered Agent, Signatures and Address Required)

(Date)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
WELNER, MARSHA
8936 RHEIMS RD.
BOCA RATON FL

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
BALLOT, BARBARA
8175 SWEETBRIAR
BOCA RATON FL

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

SD
LAMPEL, PHYLLIS
8233 SPRINGVIEW
BOCA RATON FL

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

TD
BARATT, SEYMOUR
8920 THEIMS RD.
BOCA RATON FL

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
MOSS, IRWIN
8622 DREAMSIDE LA
BOCA RATON FL 33496

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
GOLDFARB, JOYCE
8945 WINDTIDE ST
BOCA RATON FL 33496

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

SD
HARRIS, JERRY
8075 SONGBIRD TERR.
BOCA RATON FL 33496

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

TD
BARATT, SEYMOUR
8625 JASMINE WAY
BOCA RATON FL 33496

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13.7

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(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 Type on Printed Name of Signing Officer or Director)

(SEYMOUR BARATT)

4-26-95

852-9414

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Norman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768341** (0)
1. Corporation Name
QUOTA CLUB OF FORT LAUDERDALE, INC.

APPROVED
AND
FILED

MAY 9 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O ANAMARIE BAKER 6710 N.W. 26TH TERR. FT. LAUDERDALE FL 33309 US	Mailing Address C/O ANAMARIE BAKER 6710 N.W. 26TH TERR. FT. LAUDERDALE FL 33309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/09/1983	3a. Date of Last Report 04/07/1994
4. FEI Number 59-6157548	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent
**BARRY, MARGARET MARY
2510 NE 6TH AVENUE
FT. LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent
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 607 0502 and 607 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 607 0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	SODERQVIST, JOAN	11 TITLE V/D	☒ Change ☐ Addition
NAME SODERQVIST, JOAN		12 NAME Lavine, Seena	
STREET ADDRESS 8888 NW FIRST STREET		13 STREET ADDRESS 5880 N.E. 14th Road	
CITY ST ZIP CORAL SPRINGS FL		14 CITY ST ZIP Fort Lauderdale, FL. 33334	☐ Change ☒ Addition
TITLE TD	BARRY, MARGARET MARY	21 TITLE	
NAME BARRY, MARGARET MARY		22 NAME	
STREET ADDRESS 2510 N.E. 6TH AVE.		23 STREET ADDRESS	
CITY ST ZIP FT. LAUDERDALE FL		24 CITY ST ZIP 33305	☐ Change ☒ Addition
TITLE VD	PILLA, BEV.	31 TITLE V/D	☒ Change ☐ Addition
NAME PILLA, BEV.		32 NAME Dittmar, Elizabeth	
STREET ADDRESS 3017 CARAMBOLA CR S		33 STREET ADDRESS 1490 N.E. 57th Court	
CITY ST ZIP COCONUT CREEK FL		34 CITY ST ZIP Fort Lauderdale, FL. 33334	☐ Change ☒ Addition
TITLE D	DUFFY, HELEN	41 TITLE	
NAME DUFFY, HELEN		42 NAME	
STREET ADDRESS 1830 N.E. 65TH CT.		43 STREET ADDRESS	
CITY ST ZIP FT. LAUDERDALE FL		44 CITY ST ZIP 33308	☐ Change ☒ Addition
TITLE PD	BAKER, ANAMARIE	51 TITLE	☐ Change ☒ Addition
NAME BAKER, ANAMARIE		52 NAME	
STREET ADDRESS 6710 NW 26 TERR		53 STREET ADDRESS	
CITY ST ZIP FT LAUDERDALE FL		54 CITY ST ZIP 33309	☐ Change ☒ Addition
TITLE		61 TITLE D	☒ Change ☐ Addition
NAME		62 NAME Huckins, Miriam	
STREET ADDRESS		63 STREET ADDRESS 2620 N.E. 45th Street	
CITY ST ZIP		64 CITY ST ZIP Lighthouse Point, FL. 33064	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the confidential treatment under F.S. 607 0508, 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: *Margaret Mary Barry* 4-25-1995 1-305-563-9379
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGARET MARY BARRY