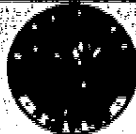


FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N21868 (7)

1. Corporation Name

WHISPER WALK SECTION C ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8050 SPRINGTREE RD
BOCA RATON FL 33496

8050 SPRINGTREE RD
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1987

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2840356

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 § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SWATT, MYRON T
1061 S ROGERS CIR
BOCA RATON FL 33487

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

T

NAME

WEXLER, JANET

STREET ADDRESS

8077 SPRING TREE ROAD

CITY - ST - ZIP

BOCA RATON FL

TITLE

DP

NAME

MAIKIN, MARION

STREET ADDRESS

8153 SPRINGTREE RD

CITY - ST - ZIP

BOCA RATON FL 33496

TITLE

DV

NAME

PAUL, MEL

STREET ADDRESS

8191 SWEETBRIAR WAY

CITY - ST - ZIP

BOCA RATON FL 33496

TITLE

DV

NAME

MALAMUD, JULIUS

STREET ADDRESS

8059 SONGBIRD TERR

CITY - ST - ZIP

BOCA RATON FL 33496

TITLE

DS

NAME

RILL, JOYCE

STREET ADDRESS

8131 SUMMERBREEZE

CITY - ST - ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number

4-26-95