

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 768176 (0)**

1. Corporation Name

**WHISPER WALK ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6300 PARK OF COMMERCE BLVD  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487  
US6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487-8229  
US

3. Date Incorporated or Qualified

04/27/1983

3a. Date of Last Report

05/21/1996

4. FEI 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**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHOENBAUM, BARRY	
STREET ADDRESS	8347 SUNMEADOWLA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOLDFARB, JOYCE	
STREET ADDRESS	8945 WINDTREE ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHULMAN, MILLARD	
STREET ADDRESS	8431 SPRINGLAKE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KASSLER, LOU	
STREET ADDRESS	8142 WINGATE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD Barry Shoenbaum	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8347 SunmeadowLA.	
1.3 STREET ADDRESS	Boca Raton, FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD Millard Shulman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	8431 Springlake Dr.	
2.3 STREET ADDRESS	Boca Raton, FL	
2.4 CITY-ST-ZIP		
3.1 TITLE	VPD Jerry Harris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	8075 Songbird Terr.	
3.3 STREET ADDRESS	Boca Raton, FL	
3.4 CITY-ST-ZIP		
4.1 TITLE	SD Louis Kassler	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	8142 Windgate Dr.	
4.3 STREET ADDRESS	Boca Raton, FL	
4.4 CITY-ST-ZIP		
5.1 TITLE	TD Joyce Goldfarb	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	8945 Windtree St.	
5.3 STREET ADDRESS	Boca Raton, FL	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joyce Goldfarb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045131

CR2E037 (9/96)