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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768177** (8)

1. Corporation Name

WHISPER WALK SECTION A ASSOCIATION, INC.

Principal Place of Business

18967 MOONWIND DRIVE
BOCA RATON FL 33496-5024

Mailing Address

18967 MOONWIND DRIVE
BOCA RATON FL 33496-5024

3. Date Incorporated or Qualified

04/27/1983

4. FEI Number

59-2349680

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

LEVINE, SEYMOUR R.
18769 ARGOSY DR.
BOCA RATON FL 33496

SEIGEL, LEON
18769 ARGOSY DR.
BOCA RATON, FL

81 Name

SEIGEL, LEON

82 Street Address (P.O. Box Number is Not Acceptable)

18769 ARGOSY DR.

83

BOCA RATON, FL

84 City

FL

85 Zip Code

33496

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	D	<input type="checkbox"/> DELETE
NAME	FEINBERG, JEROME	
STREET ADDRESS	18889 SCHOONER DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FURMAN, RUTH	
STREET ADDRESS	8720 RHEIMS ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KALIN, SHELDON	
STREET ADDRESS	48865 ARGOSY DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	LEVINE, SEYMOUR	
STREET ADDRESS	18769 ARGOSY DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FELDMAN, CLAIRE	
STREET ADDRESS	18862 SCHOONER DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIEGEL, HERBERT	
STREET ADDRESS	18765 CANDLEWALK DR	
CITY-ST-ZIP	BOCA RATON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEIGEL, LEON
4.3 STREET ADDRESS	8794 WINDROW WAY
4.4 CITY-ST-ZIP	BOCA RATON, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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:

SIGNATURE REQUIRED

1/20/98

(56) 488-1705

CR2E037 (10/97)