

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90074 009 ****61.25

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DOCUMENT # 768177

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/27/1983

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-2349680

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEIGEL, LEON

~~18765 ARGOSY DR.~~
BOCA RATON FL 33496

8794 WINDROW WAY

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)

LEON SEIGEL, TREASURER 1/5/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **FEINBERG, JEROME**
CITY-ST-ZIP **18889 SCHOONER DR.**
BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **HYMAN DIEN**
1.4 CITY-ST-ZIP **8900 RHEIMS RD.**
BOCA RATON, FL.

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **FURMAN, RUTH**
CITY-ST-ZIP **8720 RHEIMS ROAD**
BOCA RATON FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **KALIN, SHELDON**
CITY-ST-ZIP **18865 ARGOSY DR.**
BOCA RATON FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **SEIGEL, LEON**
CITY-ST-ZIP **8794 WINDROW WAY**
BOCA RATON FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **FELDMAN, CLAIRE**
CITY-ST-ZIP **18862 SCHOONER DR.**
BOCA RATON FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SIEGEL, HERBERT**
CITY-ST-ZIP **18765 CANDLEWALK DR**
BOCA RATON FL

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

561-488-1705

DayTime Phone #

CR2E037 (11/98)