

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768177

1. Entity Name

WHISPER WALK SECTION A ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90073 020 ****61.25

Principal Place of Business	Mailing Address
18967 MOONWIND DRIVE BOCA RATON FL 33496-5024	18967 MOONWIND DRIVE BOCA RATON FL 33496-5064

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-2349680		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEIGEL, LEON 8794 WINDROW WAY BOCA RATON FL 33496		Name: MYRON L. SWATT c/o PRIME MGMT. CO. Street Address (P.O. Box Number is Not Acceptable) 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL. City: FL Zip Code:	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]* DATE: 1/15/00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDER, JEROME 18885 SCHOONER DR. BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marsha Weiner 8936 Rheims Rd. Boca Raton, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FURMAN, RUTH 8720 RHEIMS ROAD BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hyman Dien 8900 Rheims Rd. Boca Raton, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KALIN, SHELDON 18885 SCHOONER DR. BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bonnie Spivack 8855 Rheims Rd. Boca Raton, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEIGEL, LEON 8794 WINDROW WAY BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP Seigel Leon 8794 Windrow Way Boca Raton, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, CLAIRE 18862 SCHOONER DR. BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, HERBERT 18765 CANDLEWALK DR BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/7/00 DAYTIME PHONE #: 483-7640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)