

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768177

1. Entity Name

WHISPER WALK SECTION A ASSOCIATION, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90030 027 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2349680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON L
% PRIME MGMT CO
6300 PARK OF COMMERCE
BOCA RATON FL 33496

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~VP~~
NAME ~~WELNER, MARSHA~~
STREET ADDRESS ~~2936 RHEIMS RD~~
CITY-ST-ZIP ~~BOCA RATON FL~~

☒ Delete

TITLE D
NAME DIEN, HUMAN HYMAN
STREET ADDRESS 8900 RHEIMS RD
CITY-ST-ZIP BOCA RATON FL

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE ~~VP~~
NAME SIEGEL, HERBERT
STREET ADDRESS 18765 CANDLEWALK DR
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE DIRECTOR
NAME LEONARD SENDROWITZ, LEONARD
STREET ADDRESS 8901 ECHO LANE
CITY-ST-ZIP BOCA RATON, FL 33496

☐ Change ☒ Addition

TITLE DIRECTOR
NAME JOANIE SPIVACK
STREET ADDRESS 8855 RHEIMS RD.
CITY-ST-ZIP BOCA RATON, FL 33496

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)