2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90177 001 ****61.25

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DOCUMENT # 768176

1. Entity 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	6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

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 59-2349682 ☐ Applied For ☐ 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
SWATT, MYRON PRIME MANAGEMENT INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHOENBAUM, BARRY 8347 SUNMEADOWLA BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOLDFARB, JOYCE 8945 WINDTREE ST. BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEXLER, JANET 8077 SPRINGTREE RD BOCA RATON FL 33496	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P./RENEE SILBER 8903 SUNNYWOOD PLACE BOCA RATON, FL 33496 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KASSLER, LOU 8142 WINGATE DR BOCA RATON FL	~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARRIS, JERRY 8075 SONGBIRD TERR BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES IRV. GUBERMAN 8631 OVERSET LANE BOCA RATON, FL 33496 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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.

JOYCE GOLDFARB

SIGNATURE: (X) SIGNATURE REQUIRED Joyce Goldfarb 1/11/02 561 479-1971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #