


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90057 036 ****61.25

DOCUMENT # 768177 1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2349680	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVERETT M. TROOK 100 PRIME MOUNT COX 1300 PARK OF COMMERCE BOCA RATON, FL 33496				7. Name and Address of New Registered Agent Name YONA SILVERBERG Street Address (P.O. Box Number is Not Acceptable) 6300 PARK OF COMMERCE City BOCA RATON FL Zip Code 33496	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Yona Silverberg</i></u> DATE <u>4/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SENDROWITZ, LEONARD 8901-ECHO LANE BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD PAUL LERNER 8772 Tyrone Terrace BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD WELNER, MARSHA 8836 RHEIMS ROAD BOCA RATON, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D YONA SILVERBERG 8770 WINDROW WAY BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD FURMAN, RUTH 8720 RHEIMS ROAD BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRANSKY, RICHARD 8836 RHEIMS ROAD BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIVACK, SONIA 8855 RHEIMS ROAD BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, PHYLLIS 18845 SCHOONER DRIVE BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u><i>Ruth Furman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/9/05</u> Daytime Phone # <u>561-488-6373</u>	