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.						04-15-2005		5 ****61.	25
Principal Place of Business Mailing Address 18967 MOONWIND DRIVE 18967 MOONWIND DRI BOCA RATON, FL 33496-5024 BOCA RATON, FL 3349								DII 8:40 8:51	1841 181 7 2 1 4884
Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112005	Chg-NP	CR2E03	37 (10/03)	
City & State		City & State			4. FEI Numbe 59-234				applied For lot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Ac Fee Requir	
	6Name and Address of Current I	Registered Agent			_7Name and	Address of Nev	v Registered A	Agent	
WW.ABATATVA	₹₽₽ ^ \$ ₽₹		Nam	e YON	A SILVER	BERG			
######################################				Street Address (P.O. Box Nimber is 15 aceptable) Street Address (P.O. Box Nimber is 15 aceptable) A ASSOC. Inc. 6300 PARK OF COMMERCE					
,		_	City BOX	A RATO	N		FL	Zip Cod	496
							4/11	105	
	Signature, typed or printed name of registered agent a		Registered Agent si	-	when reinstating)	<u> </u>	DATE		•
	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financin	9 _	\$5.00 May Be Added to Fees) FI	Make check orida Depart		
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10.	Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI	9. Election Camp Trust Fund Co	paign Financin ontribution.	9 □ A	\$5.00 May Be Added to Fees DDITIONS/CHA	FI	Make check orida Depart	ment of S	tate
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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-488-6373

Daytime Phone #