


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90011 037 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2349680	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVERBERG, YONA WHISPER WALK N SECTION A ASSOC. INC 6300 PARK OF COMMERCE BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name <u>Silverberg, Yona</u> Street Address (P.O. Box Number is not acceptable) <u>Whisper Walk Section A Assoc Inc</u> <u>2400 Centrepark West Dr. Suite 175</u> City <u>West Palm Beach</u> FL <u>33409</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORMA Schornberger 18749 Candelwick Dr BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD LERNER, PAUL 8772 TYRONE TERR BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARSHA Welner 8936 Rheims Rd 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIVACK, SONIA 8855 RHEIMS ROAD BOCA RATON, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAL VERDOLIVA 8758 Windrow Way BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, PHYLLIS 18845 SCHOONER DRIVE BOCA RATON, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YONA Silverberg 8770 Windrow Way BOCA RATON, FL 33496
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Richard Stransky</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/19/07</u> Daytime Phone # <u>561-488-2390</u>		

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