

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90078 015 ****61.25

DOCUMENT # 768176

1. Entity Name
WHISPER WALK ASSOCIATION, INC.



Principal Place of Business
**SEACREST SERVICES
2400 CENTRAL PARK WEST SUITE 175
WEST PALM BEACH, FL 33409 US**

Mailing Address
**SEACREST SERVICES
2400 CENTRAL PARK WEST SUITE 175
WEST PALM BEACH, FL 33409 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2349682

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SILBER, RENEE
WHISPER WALK ASSOC, INC
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

Name **Silber, Renee**
Street Address (P.O. Box Number is Not Acceptable)
Whisper Walk Assoc. Inc.
2400 Centrepark West Drive #175
City **West Palm Beach** FL Zip Code **33409**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **T** ☒ Delete
NAME **SCHLOENBAUM, HARRIET**
STREET ADDRESS **8347 SUNMEADOW LN**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **Wetler, Jane T** ☐ Change ☒ Addition
NAME **Wetler, Jane T**
STREET ADDRESS **6077 Spring Lake Rd**
CITY-ST-ZIP **Boca Raton FL 33496**

TITLE **PD** ☐ Delete
NAME **SILBER, RENEE**
STREET ADDRESS **8903 SUNNYWOOD PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **VP** ☒ Delete
NAME **PRINACK, MORTON**
STREET ADDRESS **8633 JASMINE WAY**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **VP** ☐ Delete
NAME **SCHRAUB, JERRY**
STREET ADDRESS **8291 SPRINGLAKE DR**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **VP** ☐ Delete
NAME **SCHRAUB, JERRY**
STREET ADDRESS **8291 SPRINGLAKE DR**
CITY-ST-ZIP **BOCA RATON, FL 33496**

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CITY-ST-ZIP **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RENEE SILBER 2/16/07 (561) 488-4785