

**FILED****Jan 22, 2008 8:00 am  
Secretary of State**

01-22-2008 90052 047 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****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.

01082008 Chg-NP CR2E037 (12/06)

City &amp; State

City &amp; State

4. FEI Number  
**59-2349680**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****SILVERBERG, YONA  
WHISPER WALK N SECTION A ASSOC. INC  
2400 CENTERPARK WEST, DR. SUITE 175  
WEST PALM BEACH, FL 33409****7. Name and Address of New Registered Agent**

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. 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, 2008**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**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VPD  
SENDROWITZ, LEONARD  
8901 ECHO LANE  
BOCA RATON, FL 33496** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1VPD  
LERNER, PAUL  
8772 TYRONE TERR  
BOCA RATON, FL 33496** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CSD  
FURMAN, RUTH  
8720 RHEIMS ROAD  
BOCA RATON, FL 33496** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
STRANSKY, RICHARD  
8836 RHEIMS ROAD  
BOCA RATON, FL 33496** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SPIVACK, SONIA  
8855 RHEIMS ROAD  
BOCA RATON, FL** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEVY, PHYLLIS  
18845 SCHOONER DRIVE  
BOCA RATON, FL** ☒ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SAL VERDOLIVA  
8758 WINDROW WAY  
BOCA RATON, FL 33496** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**YONA SILVERBERG  
8770 WINDROW WAY  
BOCA RATON, FL 33496** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NORMA Schuenberger  
18749 Schooner Drive  
BOCA RATON, FL 33496** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARSHA MELNER  
8936 RHEIMS Rd  
BOCA RATON, FL 33496** ☒ Change ☐ Addition

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 #