2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 03-18-2008 90012 041 ****61.25 **DOCUMENT #768176** 1. Entity Name WHISPER WALK ASSOCIATION, INC. Principal Place of Business Mailing Address 40047884 SEACREST SERVICES SEACREST SERVICES 2400 CENTRAL PARK WEST SUITE 175 2400 CENTRAL PARK WEST SUITE 175 WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 CR2E037 (12/06) City & State City & State Applied For 4. FEI Numbe 59-2349682 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - ---SILBER, RENEE WHISPER WALK ASSOC, INC Street Address (P.O. Box Number is Not Acceptable) 2400 CENTREPARK W. DR. #175 WEST PALM BEACH, FL 33409 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 ag-SIGNATURE Signature, typed or or Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete ☐ Addition WETLER, JANE T NAME 8077 SPRINGLAKE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Addition ☐ Chance SILBER, RENEE NAME NAMÉ STREET ADDRESS 8903 SUNNYWOOD PLACE STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP CITY-\$T-ZIP Delete MELVIN GLICKMAN Change TITLE TITLE 18578 BREEZY PALM BOCA RATONIEL 37110 SCHRAUB, JERRY NAME NAME 8291 SPRINGLAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 peport 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.

Mar 18, 2008 8:00 am