

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768176

**Entity Name:** WHISPER WALK ASSOCIATION, INC.

**Current Principal Place of Business:**

2101 CENTREPARK WEST DRIVE  
110  
WEST PALM BEACH, FL 33409

**FILED**  
**Feb 07, 2023**  
**Secretary of State**  
**3243814773CC**

**Current Mailing Address:**

SEACREST SERVICES  
2101 CENTREPARK WEST DRIVE 110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-2349682

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SACHS SAX CAPLAN  
6111 BROKEN SOUND PKWY NW  
SUITE 200  
BOCA RATON, FL 33487 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARRERAS, GAIL  
Address        8057 SPRINGTREE ROAD  
City-State-Zip: BOCA RATON FL 33496

Title            VP  
Name            ZUCKERMAN, STEVEN  
Address        8287 SUNLAKE DRIVE  
City-State-Zip: BOCA RATON FL 33496

Title            TREASURER  
Name            SKORUPSKI, HARRIET  
Address        8111 GREENBROOK ROAD  
City-State-Zip: BOCA RATON FL 33496

Title            SECRETARY  
Name            BUTVINICK, MARILYN  
Address        8379 SPRINGLAKE DRIVE  
City-State-Zip: BOCA RATON FL 33496

Title            DIRECTOR  
Name            DANENBERG, JERRY  
Address        18696 CANDLEWICK DRIVE  
City-State-Zip: BOCA RATON FL 33496

Title            DIRECTOR  
Name            MALVETTI, DEB  
Address        18737 CANDLEWICK DRIVE  
City-State-Zip: BOCA RATON FL 33496

Title            DIRECTOR  
Name            WEISS, NORMA  
Address        8907 MEADOWLARK WAY  
City-State-Zip: BOCA RATON FL 33496

Title            DIRECTOR  
Name            BAR-KOCHBA, LIBBY  
Address        8875 WINDTREE STREET  
City-State-Zip: BOCA RATON FL 33496

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GAIL CARRERAS

**PRESIDENT**

**02/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WEXLER, JANET  
Address        8077 SPRINGTREE ROAD  
City-State-Zip: BOCA RATON FL 33496

Title           DIRECTOR  
Name           BLOCK, STUART  
Address        8116 WINDGATE DRIVE  
City-State-Zip: BOCA RATON FL 33496