

**2021 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**  
**Jan 28, 2021**  
**Secretary of State**  
**8584401246CC**

**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           TREASURER  
Name           VOLPE, ROSE  
Address       8435 PARKGATE ROAD  
City-State-Zip: BOCA RATON FL 33496

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

Title           DIRECTOR  
Name           LANDAU, LENORA  
Address       8908 SUNSCAPE LANE  
City-State-Zip: BOCA RATON FL 33496

Title           DIRECTOR  
Name           HOFELD, DAVID  
Address       18543 BREEZY PALM WAY  
City-State-Zip: BOCA RATON FL 33496

Title           VP  
Name           BARRY, EVELYN  
Address       8131 WHISPERING PALM DRIVE  
City-State-Zip: BOCA RATON FL 33496

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

Title           SECRETARY  
Name           ROSENER, CAROL  
Address       8187 SWEETBRIAR WAY  
City-State-Zip: BOCA RATON FL 33496

Title           DIRECTOR  
Name           DANENBERG, JERRY  
Address       18696 CANDLEWICK DRIVE  
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**

**01/28/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title           DIRECTOR  
Name           VERDOLIVA, SEBASTIAN  
Address        8758 WINDROW WAY  
City-State-Zip: BOCA RATON FL 33496