

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768176

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

**FILED**  
**Mar 30, 2017**  
**Secretary of State**  
**CC8625214479**

**Current Principal Place of Business:**

8233 SPRINGVIEW TERRACE  
BOCA RATON, FL 33496

**Current Mailing Address:**

SEACREST SERVICES  
2400 CENTREPARK WEST DRIVE #175  
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 P  
Name LAMPEL, PHYLLIS  
Address 8233 SPRINGVIEW TERRACE  
City-State-Zip: BOCA RATON FL 33496

Title TREASURER  
Name CAPON, JULES  
Address 8195 SWEETBRIAR WAY  
City-State-Zip: BOCA RATON FL 33496

Title D  
Name FREDANE, BENTLEY  
Address 8181 SPRINGVIEW TERRACE  
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR  
Name PALL, SUSAN  
Address 8448 PARKGATE ROAD  
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR  
Name SRENIAWSKI, EDWARD  
Address 8145 SPRINGTREE ROAD  
City-State-Zip: BOCA RATON FL 33496

Title SECRETARY  
Name CHAFETZ, LEONARD  
Address 8100 SWEETBRIAR WAY  
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR  
Name BRUNER, CHARLES  
Address 8775 RHEIMS ROAD  
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR  
Name BENJAMIN, JERRY  
Address 8906 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:** PHYLLIS LAMPEL

**PRESIDENT**

**03/30/2017**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title VP  
Name WEINER, EILEEN  
Address 8277 SUMMERSONG TERRACE  
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR  
Name SOUSA, RICHARD  
Address 8772 RHEIMS ROAD  
City-State-Zip: BOCA RATON FL 33496