

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768176

FILED
Mar 30, 2015
Secretary of State
CC0015064802

Entity Name: WHISPER WALK ASSOCIATION, INC.

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 DAHL, JAMES
Address 18867 CANDLEWICK DRIVE
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name GLICKMAN, MELVIN
Address 18578 BREEZY PALM WAY
City-State-Zip: BOCA RATON FL 33496

Title D
Name COHEN, STUART
Address 8424 PARKGATE ROAD
City-State-Zip: BOCA RATON FL 33496

Title D
Name STRANSKY, RICHARD
Address 8836 RHEIMS ROAD
City-State-Zip: BOCA RATON FL 33496

Title VP
Name SWICK, RICHARD
Address 8278 SPRINGTREE ROAD
City-State-Zip: BOCA RATON FL 33496

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

Title DIRECTOR
Name KIRSHNER, KAREN
Address 8362 SPRINGLAKE DRIVE
City-State-Zip: BOCA RATON FL 33496

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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

03/30/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOTTOLLA, VINCENT
Address 8633 SUNBIRD PLACE
City-State-Zip: BOCA RATON FL 33496

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