

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

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 P
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

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

Title VP
Name BURELL, JANET
Address 8229 WHISPERING PALM DRIVE
City-State-Zip: BOCA RATON FL 33496

Title SECRETARY
Name BENJAMIN, JERRY
Address 8906 WINDTREE STREET
City-State-Zip: BOCA RATON FL 33496

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

Title DIRECTOR
Name LERNER, PAUL
Address 8772 TYRONE TERRACE
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name VOLPE, ROSE
Address 8435 PARKGATE ROAD
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: EILEEN WEINER

PRESIDENT

07/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHIFF, JACK
Address 8175 SWEETBRIAR WAY
City-State-Zip: BOCA RATON FL 33496

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