

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 768176

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

**FILED  
Jul 17, 2018  
Secretary of State  
CC9538706690**

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

Title DIRECTOR  
Name SOUSA, RICHARD  
Address 8772 RHEIMS ROAD  
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 BARRY, EVELYN  
Address 8131 WHISPERING PALM DRIVE  
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR  
Name LERNER, PAUL  
Address 8772 TYRONE TERRACE  
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 DIRECTOR  
Name VOLPE, ROSE  
Address 8435 PARKGATE ROAD  
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: 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