

2023 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**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	PRESIDENT
Name	CARRERAS, GAIL
Address	8057 SPRINGTREE ROAD
City-State-Zip:	BOCA RATON FL 33496

Title	TREASURER
Name	SKORUPSKI, HARRIET
Address	8111 GREENBROOK ROAD
City-State-Zip:	BOCA RATON FL 33496

Title	DIRECTOR
Name	DANENBERG, JERRY
Address	18696 CANDLEWICK DRIVE
City-State-Zip:	BOCA RATON FL 33496

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

Title	VP
Name	ZUCKERMAN, STEVEN
Address	8287 SUNLAKE DRIVE
City-State-Zip:	BOCA RATON FL 33496

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

Title	DIRECTOR
Name	MALVETTI, DEB
Address	18737 CANDLEWICK DRIVE
City-State-Zip:	BOCA RATON FL 33496

Title	DIRECTOR
Name	BAR-KOCHBA, LIBBY
Address	8875 WINDTREE STREET
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: GAIL CARRERAS

PRESIDENT

02/07/2023

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEXLER, JANET
Address 8077 SPRINGTREE ROAD
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name BLOCK, STUART
Address 8116 WINDGATE DRIVE
City-State-Zip: BOCA RATON FL 33496