

2022 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 TREASURER
Name VOLPE, ROSE
Address 8435 PARKGATE ROAD
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name HOFELD, DAVID
Address 18543 BREEZY PALM WAY
City-State-Zip: BOCA RATON FL 33496

Title PRESIDENT
Name CARRERAS, GAIL
Address 8057 SPRINGTREE 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 BUTVINICK, MARILYN
Address 8379 SPRINGLAKE DRIVE
City-State-Zip: BOCA RATON FL 33496

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

Title SECRETARY
Name ROSENER, CAROL
Address 8187 SWEETBRIAR WAY
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name WEISS, NORMA
Address 8907 MEADOWLARK WAY
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****03/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GIARDIELLO, MADELINE
Address 18820 ARGOSY DRIVE
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name GINDI, FRANCINE
Address 8951 SUNNYWOOD PLACE
City-State-Zip: BOCA RATON FL 33496