

2020 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 VP
Name VOLPE, ROSE
Address 8851 RHEIMS ROAD
City-State-Zip: BOCA RATON FL 33496

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

Title PRESIDENT
Name BAR-KOCHBA, LIBBY
Address 8875 WINDTREE STREET
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name COHEN, THELMA
Address 18841 SCHOONER DRIVE
City-State-Zip: BOCA RATON FL 33496

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

Title DIRECTOR
Name REICH, SHEILA
Address 8205 SPRINGTREE ROAD
City-State-Zip: BOCA RATON FL 33496

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

Title DIRECTOR
Name FRIEDMAN, KARYN
Address 8326 SUNMEADOW LANE
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: LIBBY BAR-KOCHBA**PRESIDENT****01/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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