

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768176

Entity Name: WHISPER WALK ASSOCIATION, INC.**Current Principal Place of Business:**2400 CENTREPARK WEST DRIVE
175
WEST PALM BEACH, FL 33409**Current Mailing Address:**SEACREST SERVICES
2400 CENTREPARK WEST DRIVE #175
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	BRUNER, CHARLES
Address	8775 RHEIMS ROAD
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	DIRECTOR
Name	CAPON, JULES
Address	8195 SWEETBRIAR WAY
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	TIMM, CAROL
Address	8434 SPRINGLAKE DRIVE
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****01/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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