

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36305

FILED
Mar 30, 2015
Secretary of State
CC8790822884

Entity Name: WHISPER WALK SECTION E ASSOCIATION, INC.

Current Principal Place of Business:

8441 WINDING STREAM LANE
BOCA RATON, FL 33496

Current Mailing Address:

SEACREST SERVICES , INC.
2400 CENTER PARK WEST DR #175
WEST PALM BEACH, FL 33409 US

FEI Number: 65-0245109

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
2901 SW 149TH AVENUE
SUITE 140
MIRAMAR, FL 33027 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 SILVERMAN, HAROLD
Address 8455 SPRINGLAKE DRIVE
City-State-Zip: BOCA RATON FL 33496

Title VP
Name BERG, IRVING
Address 8159 SPRINGLAKE DRIVE
City-State-Zip: BOCA RATON FL 33496

Title T
Name SOLON, MARTIN
Address 8235 SPRINGLAKE DR.
City-State-Zip: BOCA RATON FL 33496

Title S
Name SCHRAUB, JERRY
Address 8291 SPRINGLAKE DR.
City-State-Zip: BOCA RATON FL 33496

Title D
Name HARRISON, GLENN
Address 8190 SPRINGLAKE DRIVE
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name ISSMAN, THELMA
Address 8407 SPRINGLAKE DRIVE
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name JAKALOW, STANLEY
Address 8191 SPRINGLAKE DRIVE
City-State-Zip: BOCA RATON FL 33496

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: HAROLD SILVERMAN

PRESIDENT

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date