FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 6:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768176** **(0)**

1. Corporate Name

WHISPER WALK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1051 S. ROGERS CIR BOCA RATON FL 33497 US	1051 S. ROGERS CIR DELRAY BEACH FL 33497 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1983**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2349682** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 1051 S. ROGERS CIR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 BOCA RATON FL
24 Zip / 25 Country	29 33487 / 30 U.S.A.

9. Name and Address of Current Registered Agent

DANIELS, STEVEN
SACHS & SAX, P.A.
301 YAMATO RD., #4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN U.S.)	
TITLE	VD	TITLE	VD ☒ Change ☐ Addition
NAME	WELNER, MARSHA	NAME	MOSS, IRWIN
STREET ADDRESS	8936 RHEIMS RD.	STREET ADDRESS	8622 DREAMSIDE LA
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	PD	TITLE	PD ☒ Change ☐ Addition
NAME	BALLOT, BARBARA	NAME	GOLDFARB JOYCE
STREET ADDRESS	8175 SWEETBRIAR	STREET ADDRESS	8945 WINDTREE ST
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	SD	TITLE	SD ☒ Change ☐ Addition
NAME	LAMPEL, PHYLLIS	NAME	HARRIS JERRY
STREET ADDRESS	8233 SPRINGVIEW	STREET ADDRESS	8075 SONGBIRD TERR.
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	TD	TITLE	TD ☒ Change ☐ Addition
NAME	BARATT, SEYMOUR	NAME	BARATT, SEYMOUR
STREET ADDRESS	8920 THEIMS RD.	STREET ADDRESS	8625 JASMINE WAY
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	BOCA RATON FL 33496
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Seymour Baratt (Seymour Baratt) 4-26-95 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0073982

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DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768341** **(0)**

1. Corporation Name

QUOTA CLUB OF FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
C/O ANAMARIE BAKER 6710 N.W. 26TH TERR. FT. LAUDERDALE FL 33309 US	C/O ANAMARIE BAKER 6710 N.W. 26TH TERR. FT. LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1983
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-6157548 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BARRY, MARGARET MARY
2510 NE 6TH AVENUE
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	V/D	☒ Change ☐ Addition
NAME	SODEROVIST, JOAN	12 NAME	Lavine, Seena	
STREET ADDRESS	8888 NW FIRST STREET	13 STREET ADDRESS	5880 N.E.14th Road	
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	Fort Lauderdale, Fl. 33334	
TITLE	TD	21 TITLE		☐ Change ☒ Addition
NAME	BARRY, MARGARET MARY	22 NAME		
STREET ADDRESS	2510 N.E. 6TH AVE.	23 STREET ADDRESS		
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	33305	
TITLE	VD	31 TITLE	V/D	☒ Change ☐ Addition
NAME	PILLA, BEV.	32 NAME	Dittmar, Elizabeth	
STREET ADDRESS	3017 CARAMBOLA CR S	33 STREET ADDRESS	1490 N.E. 57th Court	
CITY ST ZIP	COCONUT CREEK FL	34 CITY ST ZIP	Fort Lauderdale, Fl. 33334	
TITLE	D	41 TITLE		☐ Change ☒ Addition
NAME	DUFFY, HELEN	42 NAME		
STREET ADDRESS	1830 N.E. 65TH CT.	43 STREET ADDRESS		
CITY ST ZIP	FT. LAUDERDALE FL	44 CITY ST ZIP	33308	
TITLE	PD	51 TITLE		☐ Change ☒ Addition
NAME	BAKER, ANAMARIE	52 NAME		
STREET ADDRESS	6710 NW 26 TERR	53 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	54 CITY ST ZIP	33309	
TITLE		61 TITLE	D	☒ Change ☐ Addition
NAME		62 NAME	Huckins, Miriam	
STREET ADDRESS		63 STREET ADDRESS	2620 N.E. 45th Street	
CITY ST ZIP		64 CITY ST ZIP	Lighthouse Point, Fl. 33064	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Mary Barry 4-25-1995 1-305-563-9379
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
MARGARET MARY BARRY

0045865