

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90012 041 ****61.25

DOCUMENT # 768176

1. Entity Name
WHISPER WALK ASSOCIATION, INC.



40047884



Principal Place of Business
**SEACREST SERVICES
2400 CENTRAL PARK WEST SUITE 175
WEST PALM BEACH, FL 33409 US**

Mailing Address
**SEACREST SERVICES
2400 CENTRAL PARK WEST SUITE 175
WEST PALM BEACH, FL 33409 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2349682

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SILBER, RENEE
WHISPER WALK ASSOC, INC
2400 CENTREPARK W. DR. #175
WEST PALM BEACH, FL 33409**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Renee Silber-Pres.* **3/10/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete
TITLE
NAME **WETLER, JANE T**
STREET ADDRESS **8077 SPRINGLAKE RD.**
CITY-ST-ZIP **BOCA RATON, FL 33496**

PD ☐ Delete
TITLE
NAME **SILBER, RENEE**
STREET ADDRESS **8903 SUNNYWOOD PLACE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

VP ☒ Delete
TITLE
NAME **SCHRAUB, JERRY**
STREET ADDRESS **8291 SPRINGLAKE DR**
CITY-ST-ZIP **BOCA RATON, FL 33496**

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE
NAME **MELVIN GLICKMAN**
STREET ADDRESS **18578 BREEZY PALM WAY**
CITY-ST-ZIP **BOCA RATON, FL 33496**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Renee Silber-Pres.* **RENEE SILBER** **3/10/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #