

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N18774

1. Entity Name  
WHISPER TRACE PROPERTY OWNERS' ASSOCIATION,  
INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAY -2 AM 11:36

Principal Place of Business  
951 BROKEN SOUND PKWY  
#250  
BOCA RATON, FL 33487

Mailing Address  
951 BROKEN SOUND PKWY  
#250  
BOCA RATON, FL 33487

REINSTATEMENT 06-07



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number  
65-0016582

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSINGER, JOEL  
951 BROKEN SOUND PKWY #250  
BOCA RATON, FL 33487

Name Pendall Progers & Associates, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
651 NW 55th St Suite 30  
City Boca Raton, FL FL Zip Code 33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME LOWENSTEIN, DANIEL  
STREET ADDRESS 951 BROKEN SOUND PKWY #250  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE Allen Sabath, President ☒ Change ☐ Addition  
NAME 5372 NW 21st Ave  
STREET ADDRESS Boca Raton, FL 33496  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME SABATH, ALLEN  
STREET ADDRESS 951 BROKEN SOUND PKWY #250  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE Vivian Young, VP ☒ Change ☐ Addition  
NAME 5486 NW 21st Ave  
STREET ADDRESS Boca Raton, FL 33496  
CITY-ST-ZIP

TITLE VPD ☒ Delete  
NAME SILBERMAN, JAMES  
STREET ADDRESS 2088 NW 56TH STREET  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE Sue Moore, VP #2 ☒ Change ☐ Addition  
NAME 5498 NW 21st Ave  
STREET ADDRESS Boca Raton, FL 33496  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME MOORE, SUE C  
STREET ADDRESS 5498 NW 21ST AVE  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE Bob Armon, Treasurer ☒ Change ☐ Addition  
NAME 5385 NW 21st Ave  
STREET ADDRESS Boca Raton, FL 33496  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME YOUNG, VIVIAN  
STREET ADDRESS 5486 NW 21ST AVE  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE Paul Korman, Director ☒ Change ☐ Addition  
NAME 933 Willow Leaf Way  
STREET ADDRESS Potomac, MD 20854  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/2007

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05/25/07--01025--007 \*\*122.50