FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90030 030 ****61.25

DOCUMENT # N21868

1. Entity Name
WHISPER WALK SECTION C ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8050 SPRINGTREE RD	6300 PARK OF COMMERCE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL.	City & State: BOCA RATON, FL.
Zip: 33496 Country:	Zip: 33487 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2840356 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SWATT MYRON I

Street Address (P.O. Box Number is Not Acceptable): 6300 PARK OF COMMERCE BLVD

City: BOCA RATON 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

1) TITLE	PRESIDENT D	TITLE	
NAME	MARION MALIKIN	NAME	
STREET ADDRESS	8153 Springtree Road	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33496	CITY-ST-ZIP	
2) TITLE	1ST V.P. D	TITLE	
NAME	Joyce Rill	NAME	
STREET ADDRESS	8131 Summerbreeze LA.	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton Fl 33496	CITY-ST-ZIP	
3) TITLE	2ND V.P. D	TITLE	
NAME	Tobin Sherman	NAME	
STREET ADDRESS	8269 Springtree Rd.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Boca Raton Fl 33496	CITY-ST-ZIP	
4) TITLE	Treasurer D	TITLE	**IN THIS SPACE**
NAME	Sol Levine	NAME	
STREET ADDRESS	8067 Sweetbriar Way	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33496	CITY-ST-ZIP	
5) TITLE	CORP. Secretary D	TITLE	
NAME	Lucille Lipkin	NAME	
STREET ADDRESS	8171 Sweetbriar Way	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33496	CITY-ST-ZIP	
6) TITLE	DIRECTOR D	TITLE	
NAME	Walter Tiegen	NAME	
STREET ADDRESS	8076 Springside Ct.	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33496	CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Marion Malikin March 4, 2002 561-451-2871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARION MALIKIN Date Daytime Phone #

Attachment # Draft

N21868

ATTACHMENT ITEM # 11

42764

(7) Ted Adams
8078 Springside Ct.
Boca Raton, FL 33496