

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90043 009 ****61.25

DOCUMENT # N21868 1. Entity Name WHISPER WALK SECTION C ASSOCIATION, INC.					
Principal Place of Business 8050 SPRINGTREE RD BOCA RATON, FL 33496			Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address <i>2400 Centrepark West Dr #175</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>#175</i>			
City & State		City & State <i>West Palm Beach</i>			
Zip		Country		Zip <i>33409</i>	
Country		Country <i>P.B.C</i>		4. FEI Number 59-2840356	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHISPER-WALK SECTION C ASSOC, INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33496				7. Name and Address of New Registered Agent Name <i>Seacrest Services, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>2400 Centrepark West Dr. #175</i> City <i>West Palm Beach</i> FL Zip Code <i>33409</i>	
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)					
Filing Fee is \$61.25 Due by September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALIKIN, MARION 8153 SPRINGREE ROAD BOCA RATON, FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP RILL, JOYCE 8131 SUMMERBREEZE LA. BOCA RATON, FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEGETTE, GLORIA 8091 SONGBIRD TERR BOCA RATON, FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, TED 8078 SPRINGSIDE CT BOCA RATON, FL 33496	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIPKIN, LUCILLE 8171 SWEETBRIAR WAY BOCA RATON, FL 33496	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIEGEN, WALTER 8028 SPRINGSIDE CT. BOCA RATON, FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corp. Secretary Legette, Gloria 8091 Songbird Terr. Boca Raton FL 33496	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Della Rattria Ralph 8128 Summerbreeze Lane Boca Raton FL 33496	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Rose, Annette 8018 Spring Side Springside CT. Boca Raton FL 33496	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kopelman, Natalie 8184 Summerbreeze La Boca Raton, FL 33496	☐ Change ☒ Addition			
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: <i>Marion Malikin President</i> 7/26/06 561-451-2871					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					