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

APPROVED AND FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36305** **(3)**

1. Corporation Name

WHISPER WALK SECTION E ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1051 S ROGERS CR SUITE 200 BOCA RATON FL 33487 US	1051 S ROGERS CR SUITE 200 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0245109 ☐ 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
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

DANIELS, STEVE
301 YAMATO RD., #4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition VP
NAME	GOODMAN, HERB	12 NAME	WEISS, JOE
STREET ADDRESS	8295 SUNLAKE DR	13 STREET ADDRESS	8443 PARK GATE RD.
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	BOCA RATON FL 33496
TITLE	PD	21 TITLE	☒ Change ☐ Addition PD
NAME	STRAUSS, WALTER	22 NAME	GOTTLIEB, ANITA
STREET ADDRESS	8291 SUNLAKE DR	23 STREET ADDRESS	8289 SUMMERSONG TERR.
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	BOCA RATON FL 33496
TITLE	SD	31 TITLE	☒ Change ☐ Addition SD
NAME	COHN, PHYLISS	32 NAME	KLEIN, MILTON
STREET ADDRESS	8363 SPRINGLAKE DRIVE	33 STREET ADDRESS	8156 SPRINGLAKE DR
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	BOCA RATON FL 33496
TITLE	TD	41 TITLE	☒ Change ☐ Addition TD
NAME	SHULMAN, MILLARD	42 NAME	FELDMAN, SEYMOUR
STREET ADDRESS	8431 SPRINGLAKE DRIVE	43 STREET ADDRESS	8159 SPRINGLAKE DR
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	BOCA RATON FL 33496
TITLE		51 TITLE	☐ Change ☒ Addition D
NAME		52 NAME	ZAFFRIN, ARTIE
STREET ADDRESS		53 STREET ADDRESS	8186 SPRINGLAKE DR.
CITY ST ZIP		54 CITY ST ZIP	BOCA RATON FL 33496
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: Seymour Feldman Seymour Feldman 4/1/95 (407) 483-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013871