

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36305** (3)
1. Corporation Name
WHISPER WALK SECTION E ASSOCIATION, INC.



Principal Place of Business 6300 PARK OF COMMERCE BLVD. SUITE 200 BOCA RATON FL 33487 US	Mailing Address 6300 PARK FO COMMERCE BLVD. SUITE 200 BOCA RATON FL 33487 US
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country

3. Date Incorporated or Qualified
01/22/1990

4. FEI Number
65-0245109

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

DANIEL STEVE
301 YAMATO RD., #4150
BOCA RATON FL 33431
of SACHS + SAK, PA.

10. Name and Address of New Registered Agent

81 Name **Swat, Myron % Prime Mgmt Group**

82 Street Address (P.O. Box Number is Not Acceptable)
6300 Park of Commerce Blvd

83 City **Boca Raton** FL 85 Zip Code **33487**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/3/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD JAY BADGUG 8262 SPRINGLAKE DR. BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD MILLARD SHULMAN 8431 SPRINGLAKE DR. BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME GOODMAN, HERB D
TITLE	SD HARRIET SCHOENBAUM 8347 SUMENADOW LA. BOCA RATON FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 8295 SUNLAKE DR
TITLE	TD STRAUSS, WALTER 8291 SUNLAKE DRIVE BOCA RATON FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP BOCA RATON, FL 33496
TITLE	SD GOODMAN, HERBERT 8295 SUNLAKE DRIVE BOCA RATON FL	<input type="checkbox"/> DELETE	2.1 TITLE 1st VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	2.2 NAME STRAUSS, WALTER D
TITLE		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 8291 SUNLAKE DRIVE
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP BOCA RATON, FL 33496
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 2nd VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.2 NAME SCHOENBAUM, HARRIET
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS 8347 SUNMEADOW LANE T
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP BOCA RATON, FL 33496
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.2 NAME SOLON, MARTIN
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 8235 SPRINGLAKE DR. T
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP BOCA RATON, FL 33496
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.2 NAME SUNSHINE, MARTIN D
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS 8266 SPRINGLAKE DR.
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP BOCA RATON, FL 33496
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
TITLE		<input type="checkbox"/> DELETE	6.2 NAME
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

14. 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 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: *Martin Sunshine* 2/20/98 **Martin Sunshine Treasurer** 11/20/98 (501-488-4439)

CR2E-037 (10/97)