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Mar 02, 1999 8:00 am
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03-02-1999 90074 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36305

1. Corporation Name

WHISPER WALK SECTION E ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6300 PARK OF COMMERCE BLVD.
SUITE 200
BOCA RATON FL 33487
US

6300 PARK FO COMMERCE BLVD.
SUITE-200
BOCA RATON FL 33487
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/22/1990

22 City & State

27 City & State

4. FEI Number
65-0245109

Applied For
Not Applicable

23 Zip Country

28 Zip Country

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

24 25 29 30

6. Election Campaign Financing \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWAT, MYRON
C/O PRIME MGMT GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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]*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PG DELETE
NAME GOODMAN, HERB
STREET ADDRESS 8295 SUNLAKE DR
CITY-ST-ZIP BOCA RATON FL 33496

1.1 TITLE President Change Addition
1.2 NAME Shulman, Millard 33496
1.3 STREET ADDRESS 8431 Springlake Dr.
1.4 CITY-ST-ZIP Boca Raton FL

TITLE YPD DELETE
NAME STRAUSS, WALTER
STREET ADDRESS 8291 SUNLAKE DR
CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE Treasurer Change Addition
2.2 NAME Sunshine, Martin 33496
2.3 STREET ADDRESS 8266 Springlake Dr.
2.4 CITY-ST-ZIP Boca Raton, FL

TITLE VPT DELETE
NAME SCHOENBAUM, HARRIET
STREET ADDRESS 8347 SUN MEADOW LANE
CITY-ST-ZIP BOCA RATON FL 33496

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME STRAUSS, WALTER
STREET ADDRESS 8291 SUNLAKE DRIVE
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD DELETE
NAME GOODMAN, HERBERT
STREET ADDRESS 8295 SUNLAKE DRIVE
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ST DELETE
NAME SOLON, MARTIN
STREET ADDRESS 8235 SPRING LAKE DR
CITY-ST-ZIP BOCA RATON FL 33496

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Martin Sunshine 1/19/99 561-488-
Date Daytime Phone # 4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)