## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

## Mar 29, 2002 8:00 am **DOCUMENT # N36305** Secretary of State 1. Entity Name 02-10-2002 90008 050 \*\*\*\*61.25 WHISPER WALK SECTION E ASSOCIATION, INC. Principal Place of Business Mailing Address 6300 PARK OF COMMERCE BLVD. 6300 PARK FO COMMERCE BLVD. SHITE 200 SUITE 200 BOCA RATON FL 33487 BOCA RATON FL 33487 US - CANDREWS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0245109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SWAT, MYRON C/O PRIME MGMT GROUP Carlo Non 6300 PARK OF COMMERCE BLVD BOCA RATON FL: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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State Ų, 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 T Delete Addition TITLE TITLE Change <u>8</u> SHULMAN, MILLARD NAME NAME STREET ADDRESS STREET ADDRESS 8431 SPRINGLAKE DR. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496 VPT** Delete TITLE VICE President MALIE SCHOENBAUM, HARRIET NAME STREET ADDRESS STREET ADDRESS 8347 SUN MEADOW LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Defete TITLE Change SUNSKINE, MARTIN NAME STREET ADDRESS STREET ADDRESS 8266 SPRINGLAKE DR CITY-ST-ZIE CITY-ST-ZIP **BOCA RATON FL 33496** Delete TITLE Addition NAME NAME SOLON, MARTIN STREET ADDRESS STREET ADDRESS 8235 SPRING LAKE DR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** TITLE ☐ Delete TITI F ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADORESS STREET ADDRESS 12. 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 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.

FILED