

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90071 009 ****70.50

DOCUMENT # N36305

1. Entity 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 OF COMMERCE BLVD.
SUITE 200
BOCA RATON FL 33487
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0245109**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Maroney, DON
Street Address (P.O. Box Number is Not Acceptable)
C/O AKAM SOUTH, INC.
551 NW 77TH ST. # 212
City **Boca Raton, FL** Zip Code **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. 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)

DATE

1-17-03

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **SCHOENBAUM, HARRIET**
STREET ADDRESS **8347 SUN MEADOW LANE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **BERG, IRVING**
STREET ADDRESS **8159 SPRING LAKE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33491**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **SUNSKINE, MARTIN**
STREET ADDRESS **8266 SPRINGLAKE DR**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SILVERMAN, HAL**
STREET ADDRESS **8455 SPRINGLAKE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **Sunshine, Martin**
STREET ADDRESS **8266 Springlake Dr**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **Friedland, Alan**
STREET ADDRESS **8266 Summerlake Dr**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE: Alan Friedland Treasurer

1/18/03

CR2E037 (10/02)