

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36305

Entity Name: WHISPER WALK SECTION E ASSOCIATION, INC.**Current Principal Place of Business:**8441 WINDING STREAM LANE
BOCA RATON, FL 33496**Current Mailing Address:**SEACREST SERVICES , INC.
2101 CENTER PARK WEST DRIVE SUITE 110
WEST PALM BEACH, FL 33409 US**FEI Number:** 65-0245109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF
1 E. BROWARD BLVD
SUITE 1800
FT. LAUDERDALE, FL 33301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SILVERMAN, HAROLD
Address	8455 SPRINGLAKE DRIVE
City-State-Zip:	BOCA RATON FL 33496
Title	TREASURER
Name	WEINER, EILEEN
Address	8277 SUMMERSONG TERRACE
City-State-Zip:	BOCA RATON FL 33496
Title	SECRETARY
Name	BUTVINIK, MARILYN
Address	8379 SPRINGLAKE DRIVE
City-State-Zip:	BOCA RATON FL 33496

Title	VP
Name	HARRISON, GLENN
Address	8190 SPRINGLAKE DRIVE
City-State-Zip:	BOCA RATON FL 33496
Title	DIRECTOR
Name	VOLPE, ROSE
Address	8435 PARKGATE ROAD
City-State-Zip:	BOCA RATON FL 33496
Title	DIRECTOR
Name	TILLMAN, LAURIE
Address	8266 SPRINGLAKE DRIVE
City-State-Zip:	BOCA RATON FL 33496

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HAROLD SILVERMAN

PRESIDENT

01/10/2022

Electronic Signature of Signing Officer/Director Detail_____
Date