

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 715483 (4)  
1. Corporation Name  
THE WITTINGTON CONDOMINIUM APARTMENTS, INC.



Principal Place of Business Mailing Address  
1390 S. OCEAN BOULEVARD 1390 S. OCEAN BOULEVARD  
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062

3. Date Incorporated or Qualified 10/29/1968	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1312309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

DINUNZIO, NICHOLAS  
1390 SO OCEAN BLVD  
STE 8D  
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name CONNOR, PHILIP	85 Zip Code 33062
82 Street Address (P.O. Box Number is Not Acceptable) 1390 S. OCEAN BLVD. #PHF	
83 City POMPANO BEACH FL	

11. Pursuant to the provisions of Sections 617.0508 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 617.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRANCE, ANDREW 1390 SO OCEAN BLVD #11A POMPANO BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCBRIDE, SYLVIA 1390 SO OCEAN BLVD POMPANO BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITMAN, IRWIN 1390 SO OCEAN BLVD #4D POMPANO BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOR, PHILIP 1390 S OCEAN BLVD. #PHF POMPANO BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYDER, EDWARD 1390 S. OCEAN BLVD POMPANO BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINUNZIO, NICHOLAS 1390 S. OCEAN BLVD POMPANO BEACH FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP KAHN, JOSETTE 1390 S. OCEAN BLVD. #3A POMPANO BEACH. FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D ROSENBERG, MURRAY 1390 S. OCEAN BLVD #10D POMPANO BEACH. FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P CONNOR, PHILIP 1390 S. OCEAN BLVD. #PHF POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D DINUNZIO, NICHOLAS 1390 S. OCEAN BLVD. #8D POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 305-783-6967  
Date Daytime Phone #

CR2E037 (12/95)