

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90328 025 ****61.25

DOCUMENT # 715483

1. Entity Name.

THE WITTINGTON CONDOMINIUM APARTMENTS, INC.



Principal Place of Business

1390 S. OCEAN BOULEVARD
POMPANO BEACH FL 33062

Mailing Address

1390 S. OCEAN BOULEVARD
POMPANO BEACH FL 33062

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

59-1312309

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

~~KAYE & ROGER, PA~~
~~6201 NW 8TH WAY~~
~~SUITE 103~~
~~FT. LAUDERDALE FL 33309~~

Name **RANDALL K. ROGER & ASSOCIATES**

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

621 N.W. 53RD ST, #300

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 ☐ Delete
NAME **KAHN, JOSETTE**
STREET ADDRESS **1390 S OCEAN BLVD #3A**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Change ☒ Addition
NAME **DECKER, THOMAS J.**
STREET ADDRESS **1390 S OCEAN BLVD #140**
CITY-ST-ZIP **POMPANO BEACH, FL**

TITLE ☐ Delete
NAME **DINUNZIO, NICHOLAS**
STREET ADDRESS **1390 S OCEAN BLVD #8D**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Delete
NAME **TAYLOR, JACK**
STREET ADDRESS **1390 S. OCEAN PHB**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Delete
NAME **BARBAROSSA, GORDON**
STREET ADDRESS **1390 S. OCEAN #10A**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Delete
NAME **HYDER, EDWARD**
STREET ADDRESS **1390 S. OCEAN BLVD**
CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE ☐ Delete
NAME ~~**FAIN, MILTON**~~
STREET ADDRESS **1390 S. OCEAN PHB**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME **FEIN, MILTON**
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

954 946-7578
Daytime Phone #