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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 723772 (0)  
1. Corporation Name  
WHITEHALL SOUTH CONDOMINIUM ASSOCIATION, INC



Principal Place of Business: 2800 S. OCEAN BLVD. BOCA RATON FL 33432  
Mailing Address: 2800 S. OCEAN BLVD. BOCA RATON FL 33432-8332

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/29/1972	3a. Date of Last Report 03/11/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1500513	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
BRENNER, HUDSON D.  
2800 SO OCEAN BLVD  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, SHEILA	
STREET ADDRESS	2800 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NATKIN, ALVIN M.	
STREET ADDRESS	2800 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STERN, ANITA	
STREET ADDRESS	2800 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TALESNICK, IRVIN	
STREET ADDRESS	2800 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMELIO, NICK	
STREET ADDRESS	2800 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELDRIDGE, CHARLES	
STREET ADDRESS	2800 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOWARD MENKES	
1.3 STREET ADDRESS	2800 S. Ocean Blvd.	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT G. KLEIN	
2.3 STREET ADDRESS	2800 S. Ocean Blvd.	
2.4 CITY-ST-ZIP	Boca Raton, FL 33432	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT GREENHILL	
3.3 STREET ADDRESS	2800 S. Ocean Blvd.	
3.4 CITY-ST-ZIP	Boca Raton, FL 33432	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILBUR M. RABINOWITZ	
4.3 STREET ADDRESS	2800 S. Ocean Blvd.	
4.4 CITY-ST-ZIP	Boca Raton, FL 33432	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOSEPH P. DeALESSANDRO	
5.3 STREET ADDRESS	2800 S. Ocean Blvd.	
5.4 CITY-ST-ZIP	Boca Raton, FL 33432	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: Robert G. Klein, Treasurer 4/3/97 (954) 426-1856

CR2E037 (9/96)