


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723772
 1. Corporation Name
Whitehall South Condominium Association, Inc.

Principal Place of Business 2800 S. Ocean Boulevard Boca Raton, FL 33432	Mailing Address 2800 S. Ocean Boulevard Boca Raton, FL 33432
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3. Date Incorporated or Qualified
June 29, 1972

4. FEI Number 59-1500513	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
Condominium Assoc. Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Myriam C. Stone
82 Street Address (P.O. Box Number is Not Acceptable) 2800 S. Ocean Boulevard
83
84 City Boca Raton
85 State FL
Zip Code 33432

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 **Myriam C. Stone, Manager** *Myriam C. Stone* **5/20/98**
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	Menkes, Howard	
STREET ADDRESS	2800 S. Ocean Boulevard	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Greenhill, Robert	
STREET ADDRESS	2800 S. Ocean Boulevard	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Natkin, Alvin M.	
STREET ADDRESS	2800 S. Ocean Boulevard	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	Klein Robert G.	
STREET ADDRESS	2800 S. Ocean Boulevard	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Hill, Sheila	
STREET ADDRESS	2800 S. Ocean Boulevard	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Amelio, Nick	
STREET ADDRESS	2800 S. Ocean Boulevard	
CITY-ST-ZIP	Boca Raton, FL 33432	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Kowalski, Irene	
13 STREET ADDRESS	2800 S. Ocean Boulevard	
14 CITY-ST-ZIP	Boca Raton, FL 33432	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Barnes, Charles	
23 STREET ADDRESS	2800 S. Ocean Boulevard	
24 CITY-ST-ZIP	Boca Raton, FL 33432	
31 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	300002588933	
33 STREET ADDRESS	05/22/98--01008--010	
34 CITY-ST-ZIP	***61.25	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Selman, Robert	
43 STREET ADDRESS	2800 S. Ocean Boulevard	
44 CITY-ST-ZIP	Boca Raton, FL 33432	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Greenblath, Mary	
53 STREET ADDRESS	2800 S. Ocean Boulevard	
54 CITY-ST-ZIP	Boca Raton, FL 33432	
61 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Lazo, Lance N.	
63 STREET ADDRESS	2800 S. Ocean Boulevard	
64 CITY-ST-ZIP	Boca Raton, FL 33432	

14. 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 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: **Alvin M. Natkin** *Alvin M. Natkin* **5/20/98** (954) 426-1856

CR2E037 (10/97)