


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90007 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 BLVD. BOCA RATON FL 33432	Mailing Address 2800 S. OCEAN BLVD. BOCA RATON FL 33432
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 06/29/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1500513
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  STONE, MYRIAM C 2800 S. OCEAN BLVD. BOCA RATON FL 33432	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWALSKI, IRENE 2800 S. OCEAN BLVD. BOCA RATON FL 33432 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T Talesnick, Irvin 2800 S. Ocean Blvd. Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREENHILL, ROBERT 2800 S. OCEAN BLVD. BOCA RATON FL 33432 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Barnes, Charles 2800 S. Ocean Blvd. Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NATKIN, ALVIN G 2800 S. OCEAN BLVD. BOCA RATON FL 33432 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Natkin, Alvin M
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELMAN, ROBERT 2800 S. OCEAN BLVD. BOCA RATON FL 33432 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Kearby, Kenneth 2800 S. Ocean Blvd. Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBLATH, MARY 2800 S. OCEAN BLVD. BOCA RATON FL 33432 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Janovici, Stanley 2800 S. Ocean Blvd. Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAZO, LANCE N 2800 S. OCEAN BLVD. BOCA RATON FL 33432 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Rabinowitz, Wilbur 2800 S. Ocean Blvd. 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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** In M. Natkin 3/5/99 (954) 426-1856  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)