



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90064 025 \*\*\*\*61.25

DOCUMENT # 742802					
<b>1. Entity Name</b> WALTHAM G CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> RUTH FINKELMAN 155 WALTHAM G-158 WEST PALM BEACH, FL 33417 US			<b>Mailing Address</b> RUTH FINKELMAN 155 WALTHAM G-158 WEST PALM BEACH, FL 33417 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>24033376</b>  	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062004 Chg-NP CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-1602934	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
BUGESA, JOE 149 WALTHAM C WP BEACH WEST PALM BEACH, FL 33417				Name <u>NOVIA ANNE</u> Street Address (P.O. Box Number is Not Acceptable) <u>167 WALTHAM G</u> City <u>WEST PALM BEACH</u> <u>FL</u> Zip Code <u>33417</u>	
<b>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.</b>  SIGNATURE <u><i>Anne Novia</i></u> DATE <u>2/6/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAPLAN, SID 156 WALTHAM G WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PT</u> NOVIA, ANNE 167 WALTHAM G WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCACIANNONE, TOM 173 WELLINGTON J WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PT</u> NOVIA, ANNE 167 WALTHAM G WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUGEJA, JOSEPH 149 WALTHAM G WEST PALM BCH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> HOWARD ANTONIO 150 WALTHAM G WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINKELMAN, RUTH 158 WALTHAM C WPB, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> CHONTON, GUSCIE 147 WALTHAM G WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>					
SIGNATURE: <u><i>Anne Novia</i></u>				DATE: <u>2/6/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	