

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 27 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 768717 (1)**

1. Corporation Name

**WHITEHALL CONDOMINIUMS OF THE LANDS OF THE PRESIDENT ASSOCIATION, INC.**

Principal Place of Business

3700 WHITEHALL DR.  
WEST PALM BCH FL 33401-1051

Mailing Address

3700 WHITEHALL DR.  
WEST PALM BCH FL 33401-1051

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/01/1983**

3a. Date of Last Report  
**04/05/1994**

4. FEI Number  
**59-2344369**

Applied For  
 Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.  
C/O RANDY DEHAYES  
450 AUSTRALIAN AVENUE SOUTH, SUITE 720  
WEST PALM BEACH FL 33401**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	DV
NAME	FEE, MARCIA
STREET ADDRESS	3516 WHITEHALL DR #203
CITY - ST - ZIP	W PALM BCH FL
TITLE	DS
NAME	MCKENNA, JOHN
STREET ADDRESS	3526 WHITEHALL DR #201
CITY - ST - ZIP	W PALM BCH FL
TITLE	D
NAME	BERMAN, GEORGE
STREET ADDRESS	3716 WHITEHALL DR #308
CITY - ST - ZIP	W PALM BCH FL
TITLE	DP
NAME	WITZBURG, FRED
STREET ADDRESS	3628 WHITEHALL DR #301
CITY - ST - ZIP	W PALM BCH, FL 00000
TITLE	DT
NAME	FEE, EDWARD
STREET ADDRESS	3516 WHITEHALL DR #203
CITY - ST - ZIP	W PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEVIN, NATHAN D
3.3 STREET ADDRESS	3540 WHITEHALL DR 103
3.4 CITY - ST - ZIP	W. PALM BCH, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KOWALSKI, THEODORE
5.3 STREET ADDRESS	3716 WHITEHALL DR 204
5.4 CITY - ST - ZIP	W. PALM BCH, FL
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its receiver or trustee or authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in my capacity, or on an attachment with an address.

SIGNATURE:

*Nathan D. Levin* NATHAN D. LEVIN

21 April '95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System (Fees)