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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/01/1983
4. FEI Number 59-2344369
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 City
84 State FL
85 Zip Code

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 reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	KOWLSKI, THEODORE
STREET ADDRESS	3716 WHITEHALL DR #204
CITY-ST-ZIP	W PALM BCH FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	MCKENNA, JOHN
STREET ADDRESS	3526 WHITEHALL DR #201
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEVIN, NATHAN D
STREET ADDRESS	3540 WHITEHALL DR #103
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	GOLEMBIEWSKI, RONALD
STREET ADDRESS	3520 WHITEHALL DR. #202
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	PANNIELLO, VINCENT
STREET ADDRESS	3710 WHITEHALL DR., #403
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
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	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEVIN, NATHAN D
3.3 STREET ADDRESS	3540 WHITEHALL DR #103
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL
4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GOLEMBIEWSKI, RONALD
4.3 STREET ADDRESS	3520 WHITEHALL DR #202
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CONLEY, JOHN
6.3 STREET ADDRESS	3540 WHITEHALL DR #304
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL

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: *Ronald D Golembiewski*

May 13 1998

CFR2E037 (10/97)