FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am secretary of State **DOCUMENT # 768717** 1. Entity Name 04-01-2002 90614 013 ****61.25 WHITEHALL CONDOMINIUMS OF THE LANDS OF THE PRESI DENT ASSOCIATION, INC. Principal Place of Business Mailing Address 3700 WHITEHALL DR. 3700 WHITEHALL DR. B0055189 WEST PALM BCH FL 33401-1051 WEST PALM BCH FL 33401-1051 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2344369 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. C/O RANDY DEHAYES 450 AUSTRIALIAN AVENUE SOUTH, SUITE 720 City Zip Code WEST PALM BEACH FL 33401 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DΡ ☐ Addition (9/01 Change ☐ Delete TITLE TITLE KOWALSKI, THEODORE NAME NAME STREET ADDRESS 3716 WHITEHALL DR #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Addition DS **X** XChange TITLE ☐ Delete TITLE NAME CONLEY, JOHN CONLEY, JOHN NAME STREET ADDRESS STREET ADDRESS 3640 WHITEHALL DR., #404 WEST PALM BEACH, FL 33401 3640 WHITEHALL DR. #404 CITY-ST-ZIP CITY-ST-ZIP WEST PALM.BEACH.FL.33401 Change ☐ Addition ☐ Delete TITLE TITLE BLAIR, ALLAN NAME NAME STREET ADDRESS STREET ADDRESS 3540 WHITEHALL DR. #402 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 D S Delete X Addition TITLE Change TITLE GOLEMBIEWSKI, RONALD NAME MICHELLE LOUVRIER NAME STREET ADDRESS 3520 WHITEHALL DR. #202 STREET ADDRESS 3635 WHITEHALL DR., #301 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL WEST PALM BEACH, FL 33401 ☐ Delete TITLE ☐ Change ☐ Addition TITLE WRIGHT, FREDERICK JR NAME NAME STREET ADDRESS 3516 WHITEHALL DR, #306 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West Palm Beach FL 33401 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

John Conley

changed, or on an attachment with an address, with all other like empowered.

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

3-12-02

(561)478-3882