

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90216 028 ****61.25

DOCUMENT # 715483

1. Corporation Name

THE WITTINGTON CONDOMINIUM APARTMENTS, INC.

Principal Place of Business
1390 S. OCEAN BOULEVARD
POMPANO BEACH FL 33062

Mailing Address
1390 S. OCEAN BOULEVARD
POMPANO BEACH FL 33062



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/29/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1312309

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAYE & ROGER, PA
6261 NW 6TH WAY
SUITE 103
FT LAUDERDALE FL 33309

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS KAHN, JOSETTE
CITY-ST-ZIP 1390 S OCEAN BLVD #3A
POMPANO BEACH FL 33062

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME V
STREET ADDRESS JONGEN, FER
CITY-ST-ZIP 1390 S OCEAN BLVD #9E
POMPANO BEACH FL 33062

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME S
STREET ADDRESS MCBRIDE, SYLVIA
CITY-ST-ZIP 1390 S OCEAN BLVD #PHE
POMPANO BEACH FL 33062

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D Robinson, Robert
3.3 STREET ADDRESS 1390 S. Ocean Blvd #3C
3.4 CITY-ST-ZIP Pompano Beach, FL 33062

TITLE ☐ DELETE
NAME T
STREET ADDRESS STERLING, JOHN
CITY-ST-ZIP 1390 S OCEAN BLVD #11D
POMPANO BEACH FL 33062

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME ST
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS HYDER, EDWARD
CITY-ST-ZIP 1390 S. OCEAN BLVD
POMPANO BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS VOGEL
CITY-ST-ZIP 1390 S OCEAN BLVD #4
POMPANO BEACH FL 33062

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 954-946-7578

CR2E037 (11/98)