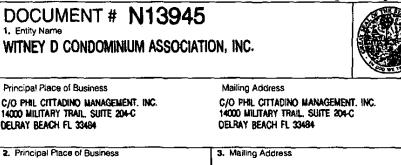
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



May 08, 2003 8:00 am Secretary of State 04-21-2003 91070 005 ****61.25

WITNEY D CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business C/O PHIL CITTADINO MANAGEMENT. INC. 14000 MILITARY TRAIL, SUITE 204-C DELRAY BEACH FL 33484		C/O PHIL CITTADINO MANAGEMENT. INC. 4000 MILITARY TRAIL, SUITE 204-C		a serie biana dan dibil bib	(880)	969 1101101
Principal Place of Business 3. Mailing Add						
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	ity & State City & State		4. FEI Number 59-2680278 Applied For Not Applies by			
Zip Country	Zip	Country	5. Certificate of Status D		75 Addit Required	ional
6. Name and Address of Currer	nt Registered Agent		7. Name and Address of	of New Registered Ager	nt	
		Name	الدام يُحْرِي مُعْرِضُهِ اللهِ اللهِ اللهِ المحترفة في	بالمعالية وبالوائد شتور		
GOODMAN, HORTENSE 15481 LAKES OF DELRAY BLVD., D1 101 DELRAY BCH. FL 33484		Street Address	8 (P.O. Box Number is Not Ac	ceptable)		
		City		FL	Zip Code	
The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.		: Registered Agent signsture requir		CATE		
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	Make Check Pa Florida Departme		
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECT		
TITLE NAME GOODMAN, HORTENSE STREET ADDRESS 15461 LKS OF DELRAY BLVD CITY-ST-ZIP DELRAY BEACH FL	™ Deleta	NAME STREET ADDRESS CITY-ST-ZIP	15/D In BeVITZ 157 Lakes god Nay Beach,	Uray Blod ?		Standition S
TITLE SAPPO HANNAH, JOYCE STREET ADDRESS CITY-SY-ZIP DELRAY BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	esident/Tennah Joyne 157 Lates 2 D Selvay Bea	elray Block	1	☐ Addition 2
TITLE D MARTINEZ, FLORENCE STREET ADDRESS 15457 LAKES OF DELRAY BLVT		NAME STREET ADDRESS	RED KAHN 461 LAKESON Uray Beach			3
CITY-ST-ZIP DELRAY BEACH FL TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	- my receive			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-21P	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change (Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ection 119 07/3VI\ Storiet St			Addition

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.

SIGNATURE: