

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742460 (9)

1. Corporation Name
WALTHAM H CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business WALTHAM H CV 189 WEST PALM BEACH FL 34417-6934 US	Mailing Address WALTHAM H CV 189 WEST PALM BEACH FL 33417 US
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3. Date Incorporated or Qualified 04/14/1978	3a. Date of Last Report 03/21/1996
4. FEI Number 59-1748358	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BLANK, AVIS E
189 WALTHAM H
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

FL

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		
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BORGES, OLGA	
STREET ADDRESS	186 WALTHAM H	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIDT, JACK	
STREET ADDRESS	WALTHAM H-169, CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH, FL00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLANK, AVIS E.	
STREET ADDRESS	WALTHAM H 189	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLANK, MORRY	
STREET ADDRESS	WALTHAM H 189	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TEDESCO, SYLVIA	
STREET ADDRESS	WALTHAM H-178 CENTURY VILLAGE	
CITY-ST-ZIP	W 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jean Rubenstein	
1.3 STREET ADDRESS	185 Waltham H	
1.4 CITY-ST-ZIP	West Palm Beach FL 33417	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	West Palm Beach FL	
2.4 CITY-ST-ZIP	33417	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	West Palm Beach FL	
3.4 CITY-ST-ZIP	33417	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	West Palm Beach FL	
4.4 CITY-ST-ZIP	33417	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	West Palm Beach FL	
5.4 CITY-ST-ZIP	33417	
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 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.

CR2E037 (9/96)

561-697-4554