

3-31-98 B 3182 C
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 Mar 31 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33417-6934 US
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3. Date Incorporated or Qualified 04/14/1978	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1748358	Applied For <input type="checkbox"/> 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	
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	

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEAN RUBENSTEIN		1.2 NAME	
STREET ADDRESS 185 WALTHAM H		1.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHMIDT, JACK		2.2 NAME	Frederick Gromadzki
STREET ADDRESS WALTHAM H-189, CEN VILL		2.3 STREET ADDRESS	173 Waltham H CV
CITY-ST-ZIP WEST PALM BEACH, FL00000		2.4 CITY-ST-ZIP	West Palm Beach FL 33417
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLANK, AVIS E.		3.2 NAME	
STREET ADDRESS WALTHAM H 189		3.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BCH FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLANK, MORRY		4.2 NAME	
STREET ADDRESS WALTHAM H 189		4.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BCH. FL		4.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEDESCO, SYLVIA		5.2 NAME	
STREET ADDRESS WALTHAM H-178 CENTURY VILLAGE		5.3 STREET ADDRESS	
CITY-ST-ZIP W PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Avis E. Blank* **RECEIVED** January 4, 1998 561-697-4554

CR2E037 (10/97)