

DOCUMENT # 742460

1. Entity Name

WALTHAM H CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90118 021 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

WALTHAM H CV
189
WEST PALM BEACH FL 34417-6934
US

WALTHAM H CV
189
WEST PALM BEACH FL 33417-6934
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1748358

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

Not Applicable

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: TD
NAME: JEAN RUBENSTEIN
STREET ADDRESS: 185 WALTHAM H
CITY-ST-ZIP: W. PALM BEACH FL

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DVP
NAME: GROMADZKI, FREDRICK
STREET ADDRESS: 173 WALTHAM H CV
CITY-ST-ZIP: W. PALM BCH FL 33417

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: SD
NAME: BLANK, AVIS E.
STREET ADDRESS: WALTHAM H 189
CITY-ST-ZIP: W. PALM BCH FL

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: PD
NAME: BLANK, MORRY
STREET ADDRESS: WALTHAM H 189
CITY-ST-ZIP: W. PALM BCH FL

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: VPD
NAME: TEDESCO, SYLVIA
STREET ADDRESS: WALTHAM H-178 CENTURY VILLAGE
CITY-ST-ZIP: W PALM BEACH FL

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D
NAME: RUBENSTEIN, HYMAN
STREET ADDRESS: 185 WALTHAM H
CITY-ST-ZIP: W PALM BCH FL 33417

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Avis E. Blank

1/4/2000 561-699-4534

Date

Daytime Phone #

CR2E037 (9/99)