

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742802** (2)

1. Corporation Name

WALTHAM G CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**WALTHAM G-147
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

**WALTHAM G-147
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified
05/08/1978

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **147 WALTHAM G**

26 **147 WALTHAM G**

4. FEI Number
59-1602934

Applied For
Not Applicable

22 **CENTURY VILLAGE**

27 **CENTURY VILLAGE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **WEST PALM BEACH FL**

28 **WEST PALM BEACH FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33417**

25 **FL**

29 **33417**

30 **FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCACCIAOCE, TOM
150 WALTHAM G-150, CENTURY VILLAGE
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

81 Name **SCACCIAOCE, TOM**
82 Street Address (P.O. Box Number is Not Acceptable)
173 WELLINGTON J
83 **CENTURY VILLAGE**
84 City **WEST PALM BEACH** FL 85 Zip Code **33417**

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 **Tom Scaccianoce** **TOM SCACCIAOCE, PRESIDENT** **2/27/96**
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 **PD** ☐ DELETE
NAME **SCACCIAOCE, TOM**
STREET ADDRESS **WALTHAM G-150, CEN. VILL.**
CITY - ST - ZIP **WEST PALM BEACH FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SCACCIAOCE, TOM**
1.3 STREET ADDRESS **173 WELLINGTON J**
1.4 CITY - ST - ZIP **WEST PALM BEACH, FL 33417**

TITLE **VD** ☒ DELETE
NAME **CHONTOW, LARRY**
STREET ADDRESS **WALTHAM G -147 CEN VILL**
CITY - ST - ZIP **WEST PALM BEACH FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **ROSE WERNER**
2.3 STREET ADDRESS **WALTHAM G 102- CEN VILL**
2.4 CITY - ST - ZIP **WEST PALM BEACH FL 33417**

TITLE **SD** ☒ DELETE
NAME **KAMELHAR, MIRIAM**
STREET ADDRESS **WALTHAM G-153, CEN. VILL.**
CITY - ST - ZIP **WEST PALM BEACH FL**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **VIRGINIA YOUNG**
3.3 STREET ADDRESS **221 BEDFORD I**
3.4 CITY - ST - ZIP **WEST PALM BEACH FL 33417**

TITLE **TD** ☐ DELETE
NAME **CHONTOW, GUSSIE**
STREET ADDRESS **WALTHAM G - 147 CEN VILLE**
CITY - ST - ZIP **WEST PALM BEACH FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Tom Scaccianoce Pres,** **2/27/96** **407-471-5980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)