## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # 742802 1. Entity Name WALTHAM G CONDOMINIUM ASSOCIATION, INC. 05-15-2000 90099 002 \*\*\*\*61.25 Principal Place of Business Mailing Address GUSSIE CHONTOW 147 WALTHAM G WEST PALM BEACH FL 33417-1979 147 WALTHAM G WEST PALM BEACH FL 33417 2. Principal Place of Business Mailing Address UTH FINKEL 150 WALTHA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. WEST PALM 58 WAL City & State Applied For 4. FEI Number 59-1602934 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 417-1979 Fee Regulred 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent 41 BUGE 51 Street Address (P.O. Box Number is Not Acceptable) CHONTOW, GUSSIE 147 WALTHAM G WEST PALM BEACH FL 33417 Zip Code City 3*31*41 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. JOE BUGETA SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete TIME TITLE Kaplan, Sid NAME NAME CR2E037 STREET ADDRESS STREET ADDRESS 156 WALTHAM G CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Addition ☐ Change Delete SUSAN BUGETA TITLE TITE F ST NAME COHEN EL 149 WALTHAM G WEST PALM BEACH STREET ADDRESS STREET ADDRESS 161 WALTHAM G CITY-ST-ZIP CITY-ST-ZIP west palm bch fl ☐ Addition ☐ Delete TITLE TITLE SCACIANNOSE, TOM \_ NAME NAME STREET ADDRESS STREET ADDRESS 173 WELLINGTON J CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417. ☐ Addition ☐ Change Delete TITLE PD TITLE BUGEJA, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 149 WALTHAM G CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH FL Addition ☐ Change TITLE **D** Delete TITLE RUTH FINKEL MAN NAME CHONTOW, GUSSIE FL NAME STREET ADDRESS STREET ADDRESS 147 WALTHAM G CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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SIGNATURE: