## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #742802** WALTHAM G CONDOMINIUM ASSOCIATION, INC.



**FILED** Mar 28, 2007 8:00 am Secretary of State

03-28-2007 90006 014 \*\*\*\*61.25

				900 Mg	True						
Principal Plac MICHAEL PEI 159 WALTHA WEST PALM	RREAULT	2400 CENTER PARK	iling Address ACREST SERVICES, INC 100 CENTER PARK W DRIVE, SUITE 175 EST PALM BEACH, FL 33409-6405 US			40043163					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	lailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			03202007	Chg-NP	CR2E037 (12	/06)		
City & Stat	e	City & State	City & State			4. FEI Number 59-1602	934			pplied For	
Zip	Zip Country		p Country			5. Certificate of Status Desired  \$8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent	-			7. Name and A	Address of New F	Registered Agent			
					Name						
159 WALT					Street Address (P.O. Box Number is Not Acceptable)						
WEST PAI	LM BEACH, FL 33417		, , , , , , , , , , , , , , , , , , , ,						•		
		City					rl.	p Cod			
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE  Signature, typed or printed name of registered agent and title (it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign F Trust Fund Contribution						\$5.00 May Be Added to Fees		flake check pay: rida Departmen			
10.	OFFICERS AND DI	RECTORS	11.		-	ADDITIONS/CHAI	NGES TO OFFICE	RS AND DIRECTO	DRS IN	110	
TITLE	PSD	☐ Delete	TITL	E					hange	Addition	
NAME	PERREAULT, MICHAEL	☐ Desete	NAM						nanye	Addition	
STREET ADDRESS	159 WALTHAM G										
CITY-ST-ZIP	1	,		EET ADDRESS							
	WEST PALM BEACH, FL 33417		UI11	r-ST-ZIP			<del> </del>				
TITLE	TD	☐ Delete	TITL					□ c	hange	Addition	
NAME	RYAN, TOM		NAM	_							
STREET ADDRESS	157 WALTHAM G'			EET ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	7	CITY	r-ST-ZIP							
TITLE	VD	Delete	TITL		٧b			<b>5</b>	hange	Addition 🔀	
NAME	MCLOUGHLIN, PAUL		NAM	1E	Mado	NALD, THOM WALTHAM G	43	•			
STREET ADDRESS	146 WALTHAM G		STRI	EET ADDRESS	168 L	ualthm G	•				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	7	CITY	r-ST-ZIP	W391	PALM BE	OCH IFC 3º	3417			
TITLE	D	Delete	TITL		0	-		<b>ম</b> র্ব ৫	hanoe	Addition	
NAME	MILLER, ANNETTE	,,	NAM	KE .	CHAR	les , carme	FN _				
STREET ADDRESS	164 WALTHAM G		STR	EET ADDRESS	160 L	UNCTHAN	n G				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	7	CITY	-ST-ZIP	N 25	F PAIM BE	PACH FL -	334/7			
TITLE		☐ Delete	TITL	F			· - , <b>, , .</b>		hange	Addition	
NAME	'		NAM					٥٠	gv		
STREET ADDRESS	!			EET ADDRESS							
CITY-ST-ZIP				r-\$T-ZIP							
									h	[T] same.	
TITLE		☐ Delete	TITL						hange	Addition	
NAME STREET ADDRESS			NAM								
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP	1		CIN	r-ST-ZIP	<b></b>						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MICHAEL PERPEAULT Michael Variation SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-25-07 Daytime Phone # Date