

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90184 045 ****61.25

DOCUMENT # 743051

1. Entity Name
WALTHAM A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**8 WALTHAM A
CONDOMINIUM ASSOC, INC
WEST PALM BEACH, FL 33417 US**

Mailing Address
**8 WALTHAM A
CONDOMINIUM ASSOC, INC
WEST PALM BEACH, FL 33417 US**

50036156



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2236784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEN, MAUDE C
8 WALTHAM A
W PLM BCH, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maude C. Sten

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **WORST, EVA**
STREET ADDRESS **19 TELLAR DRIVE**
CITY-ST-ZIP **ISLIP TERRACE, NY 11752**

TITLE **PD** ☐ Delete
NAME **LASHER, EDWARD**
STREET ADDRESS **15 LAUREL ROAD**
CITY-ST-ZIP **NEW HARTFORD, NY 13413**

TITLE **TDD** ☐ Delete
NAME **STEN, MAUDE C.**
STREET ADDRESS **8 WALTHAM A**
CITY-ST-ZIP **PALM BEACH, FL 33417**

TITLE **VP** ☐ Delete
NAME **CUTAIA, JOSEPH**
STREET ADDRESS **2457 WOODHULL AVENUE**
CITY-ST-ZIP **BRONX, NY 10469**

TITLE **VP** ☐ Delete
NAME **MCCARTHY, JOHN A**
STREET ADDRESS **20 WALTHAM A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☐ Addition
NAME **HORZS, Helen**
STREET ADDRESS **24 WALTHAM A**
CITY-ST-ZIP **West Palm Beach FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Maude C. Sten - **MAUDE C. STEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05

Date

561

640-7451

Daytime Phone #