

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 743051

1. Entity Name

WALTHAM A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-2236784

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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
Due By September 5, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME SD
STREET ADDRESS HORZS, HELEN
CITY-ST-ZIP 24 WALTHAM A
WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000769898
CITY-ST-ZIP 07/23/07-80001-004 61.25

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: Maude C. Sten - Maude C. Sten

7-17-07

561

640-7451