FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01205 (6)

1. Corporation Name
WHITEHALL CONDOMINIUMS AT CAMINO REAL ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
PO BOX 3038 TEQUESTA FL 33469	PO BOX 3038 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1984
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2368909 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CAMPBELL, THERESA
900 EAST INDIANTOWN RD., STE 210
JUPITER FL 33477

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
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	D	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	COLACICCO, JOSEPH	1.2 NAME	MICHAEL J. BOCHETTO	
STREET ADDRESS	6157 BALBOA CIR #201	1.3 STREET ADDRESS	6025 Balboa CIR #306	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, Fl	
TITLE	D	2.1 TITLE	P/VP	☒ Change ☐ Addition
NAME	GUELLA, JOSEPHINE J	2.2 NAME		
STREET ADDRESS	6081 BALBOA CIR., #101	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	VPDS	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HANDLER, IRENE DECEASED	3.2 NAME	CHARLES MEYN	
STREET ADDRESS	6140 BALBOA CRCL.	3.3 STREET ADDRESS	6145 BALBOA CIR .205	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	4.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	PALOMBELLA, VICTOR	4.2 NAME		
STREET ADDRESS	6133 BALBOA CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	DVP	5.1 TITLE	DIR/SECRETARY	☒ Change ☐ Addition
NAME	PARISI, CARMELA	5.2 NAME		
STREET ADDRESS	6073 BALBOA CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE	DT	6.1 TITLE		☐ Change ☐ Addition
NAME	ROSEN, SELMA	6.2 NAME		
STREET ADDRESS	6121 BALBOA CIRCLE	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	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: Michael J. Bochetto, Pres. April 15, 1995 407 391-3659
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000184