

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01205 (6)
1. Corporation Name
**WHITEHALL CONDOMINIUMS AT CAMINO REAL ASSOCIATIO
N, INC.**



Principal Place of Business
**PO BOX 3038
TEQUESTA FL 33469**

Mailing Address
**PO BOX 3038
TEQUESTA FL 33469**

3. Date Incorporated or Qualified
02/02/1984

3a. Date of Last Report
04/19/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BOCHETTO, MICHAEL J	
STREET ADDRESS	6025 BALBOA CIR #306	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GUELLA, JOSEPHINE J	
STREET ADDRESS	6061 BALBOA CIR., #101	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYN, CHARLES	
STREET ADDRESS	6145 BALBOA CIR 205	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	PALOMBELLA, VICTOR	
STREET ADDRESS	6133 BALBOA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PARISI, CARMELA	
STREET ADDRESS	6073 BALBOA CIRCLE 201	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROSEN, SELMA	
STREET ADDRESS	6121 BALBOA CIRCLE 202	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MESSINA, CHARLES	
1.3 STREET ADDRESS	6193 BALBOA CIR #302	
1.4 CITY-ST-ZIP	BOCA RATON, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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*
MICHAEL J. BOCHETTO

April 15, 1996 407 391-3659

Date

Daytime Phone #

CR2E037 (12/95)