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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33469-0038



3. Date Incorporated or Qualified
02/02/1984

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	DVP	<input type="checkbox"/> DELETE
NAME	CHARLES MESSINA	
STREET ADDRESS	6193 BALBOA CIRCLE, #302	
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	DS	<input type="checkbox"/> DELETE
NAME	PARISI, CARMELA	
STREET ADDRESS	6073 BALBOA CIRCLE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ROSEN, SELMA	
STREET ADDRESS	6121 BALBOA CIRCLE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DT MILDRED BALIN
1.3 STREET ADDRESS	6085 BALBOA CIRCLE #205
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DISCRETARY LAURATEAN ROOD
2.3 STREET ADDRESS	6037 BALBOA CIR 405
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT MINTER
3.3 STREET ADDRESS	6157 BALBOA CIR 404
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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. Boncetta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

561-391-3659

Date

Daytime Phone # 0044231

CR2E037 (9/96)