

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90012 010 ****61.25

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DOCUMENT # N01205

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/02/1984

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

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 DVP ☐ DELETE
NAME CHARLES MESSINA
STREET ADDRESS 6193 BALBOA CIRCLE, #302
CITY-ST-ZIP BOCA RATON FL

TITLE DVP ☐ DELETE
NAME GUELLA, JOSEPHINE J
STREET ADDRESS 6061 BALBOA CIR., #101
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE
NAME MEYN, CHARLES
STREET ADDRESS 6145 BALBOA CIR 205
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE
NAME MINTER, ROBERT
STREET ADDRESS 6157 BALBOA CIR, 404
CITY-ST-ZIP BOCA RATON FL

TITLE DT ☒ DELETE
NAME BALIN, MILDRED
STREET ADDRESS 6085 BALBOA CIRCLE, #205
CITY-ST-ZIP BOCA RATON FL

TITLE DS ☒ DELETE
NAME ROOD, LAURA JEAN
STREET ADDRESS 6037 BALBOA CIRCLE 404
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME DP
1.3 STREET ADDRESS BOCHETTO MICHAEL
1.4 CITY-ST-ZIP 6025 BALBOA CIRCLE 306
BOCA RATON FL 33433

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME CROUSE, ROBT
2.3 STREET ADDRESS 6025 BALBOA CIRCLE #102
2.4 CITY-ST-ZIP BOCA RATON FL 33433

3.1 TITLE D/SIT ☐ Change ☒ Addition
3.2 NAME HALL, BARBARA
3.3 STREET ADDRESS 6061 BALBOA CIRCLE 102
3.4 CITY-ST-ZIP BOCA RATON FL 33433

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)