

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90069 036 \*\*\*\*61.25

**DOCUMENT # N01205**

1. Entity Name

**WHITEHALL CONDOMINIUMS AT CAMINO REAL ASSOCIATIO**

Principal Place of Business

Mailing Address

PO BOX 3038  
TEQUESTA FL 33469

PO BOX 3038  
TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2368909**

Applied For

Not Applicable

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

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

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.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Delete  
NAME **DVP**  
STREET ADDRESS **GUILLA, JOSEPHINE J**  
CITY-ST-ZIP **6061 BALBOA CIR., #101**  
**BOCA RATON FL**

TITLE ☐ Change ☒ Addition  
NAME **D/T**  
STREET ADDRESS **PARISI, CARMELLA**  
CITY-ST-ZIP **6073 BALBOA CR 201**  
**BOCA RATON, FL**

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

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

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

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

TITLE ☒ Delete  
NAME **DP**  
STREET ADDRESS **BOCHETTO, MICHAEL**  
CITY-ST-ZIP **6025 BALBOA CIR 306**  
**BOCA RATON FL 33433**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **HALL, BARBARA**  
CITY-ST-ZIP **6061 BALBOA CR 102**  
**BOCA RATON FL**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CROUSE, ROBERT**  
CITY-ST-ZIP **6025 BALBOA CIR #102**  
**BOCA RATON FL 33433**

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-30-01**

Date

**391-3659**

Daytime Phone #

CR2E037 (10/00)