

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91458 044 ****61.25

DOCUMENT # N01205

1. Entity 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~~

2. Principal Place of Business

6140 BALBOA CIRCLE

3. Mailing Address

470 CAPITAL REALTY ADVISORS INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8895 NO MILITARY TRAIL E201

City & State

BOCA RATON FLORIDA

City & State

PALM BEACH GARDENS FL

Zip

33433

Country

USA

Zip

33410

Country

USA

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

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

7. Name and Address of New Registered Agent

Name **DONNA McDONALD**

Street Address (P.O. Box Number is Not Acceptable)
470 CAPITAL REALTY ADVISORS INC

8895 NO MILITARY TRAIL E201

City **PALM BEACH GARDENS**

FL

Zip Code
33410

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 **Donna McDonald**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-5-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHARLES MESSINA 6193 BALBOA CIRCLE, #302 BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OF - D SECT CARMELLA, PARISI 6073 BALBOA CIR., 201 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - VP MEYN, CHARLES 6145 BALBOA CIR 205 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTER, ROBERT 6157 BALBOA CIR, 404 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SECT HALL, BARBARA 6061 BALBOA CIR., 102 BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/PR CROUSE, ROBERT 6025 BALBOA CIR #102 BOCA RATON FL 33433	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MICHAEL BOCHETTO 6025 BALBOA CIRCLE 306 BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICTOR PALOMBELLA 6133 BALBOA CIRCLE #402 BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ROBERT CROUSE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

561-391-3659

Date

Daytime Phone #

CR2E037 (9/01)