

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90471 003 ****61.25

DOCUMENT # N01205

1. Entity Name

**WHITEHALL CONDOMINIUMS AT CAMINO REAL
ASSOCIATION, INC.**



Principal Place of Business

**6140 BALBOA CIRCLE
BOCA RATON FL 33433**

Mailing Address

**C/O CAPITAL REALTY ADVISORS INC.
8895 NO MILITARY TRAIL E20
PALM BEACH GARDENS FL 33411**

54041698



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

40 CAPITAL REALTY ADVISORS

600 SANDTREE DRIVE STE 109

PALM BEACH GARDENS, FL

33403

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

7. Name and Address of New Registered Agent

**MCDONALD, DONNA
C/O CAPITAL REALTY ADVISORS INC
8895 NO MILITARY TRAIL E-201
PALM BEACH GARDENS FL 33410**

Name

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

40 CAPITAL REALTY ADVISORS INC

600 SANDTREE DRIVE STE 109

City

PALM BEACH GARDENS

FL

Zip Code

33403

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITILE NAME BOCHETTO, MICHAEL ☐ Delete
STREET ADDRESS 6025 BALBOA CIRCLE 306
CITY-ST-ZIP BOCA RATON FL 33433

TITILE NAME D MESSINA, CHARLES ☒ Delete
STREET ADDRESS 6193 BALBOA CIR, #302
CITY-ST-ZIP BOCA RATON FL 33433

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

TITILE NAME D BARRY, ALFRED ☐ Delete
STREET ADDRESS 6097 BALBOA CIR, #406
CITY-ST-ZIP BOCA RATON FL 33433

TITILE NAME V PALOMBELLA, VICTOR ☒ Delete
STREET ADDRESS 6133 BALBOA CIRCLE #402
CITY-ST-ZIP BOCA RATON FL 33433

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITILE NAME D LENTOL, LAWRENCE ☐ Change ☒ Addition
STREET ADDRESS 6157 BALBOA CIR 202
CITY-ST-ZIP BOCA RATON FL 33433

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

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

TITILE NAME D WOODWARD, WAYNE ☐ Change ☒ Addition
STREET ADDRESS 6169 BALBOA CIR
CITY-ST-ZIP BOCA RATON FL 33433

TITILE NAME ☐ Change ☐ Addition
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:

ROBERT CROUSE PRES.

4/1/04

561-391-3659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #