


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90050 040 \*\*\*\*\*61.25

<b>DOCUMENT # N01205</b> 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. 600 SANDTREE DRIVE STE 109 WEST PALM BEACH, FL 33403	
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCDONALD, DONNA C/O CAPITAL REALTY ADVISORS INC 600 SANDTREE DRIVE STE 109 WEST PALM BEACH, FL 33403				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOCHETTO, MICHAEL		NAME	BAILEY, MARIE	
STREET ADDRESS	6025 BALBOA CIRCLE 306		STREET ADDRESS	6049 BALBOA CR #302	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENTOL, LAWRENCE		NAME	JONES, WILLIAM	
STREET ADDRESS	6157 BALBO CIR 202		STREET ADDRESS	6025 BALBOA CIRCLE 302	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	MEYN, CHARLES		NAME		
STREET ADDRESS	6145 BALBOA CIR 205		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	BARRY, ALFRED		NAME		
STREET ADDRESS	6097 BALBOA CIR, #406		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	WOODWARD, WAYNE		NAME		
STREET ADDRESS	6169 BALBOA CIR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	CROUSE, ROBERT		NAME		
STREET ADDRESS	6025 BALBOA CIR #102		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/25/05 561-391-3659 <small>Date Daytime Phone #</small>		