


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90070 007 ****61.25

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|--|---|---|--|---|---|
| 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. 600 SANDTREE DRIVE STE 109 WEST PALM BEACH, FL 33403 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 03262007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 59-2368909 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCDONALD, DONNA C/O CAPITAL REALTY ADVISORS INC 600 SANDTREE DRIVE STE 109 WEST PALM BEACH, FL 33403 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BAILEY, MARIE 6049 BALBOA CIR SUITE 302 BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DEFEO, GLORIA 6145 BALBOA CIRCLE #402 BOCA RATON FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LENTOL, LAWRENCE 6157 BALBO CIR 202 BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2ND VP FISCHER, JEFF 6133 BALBOA CIRCLE #302 BOCA RATON FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D 1ST VP MEYN, CHARLES 6145 BALBOA CIR 205 BOCA RATON, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARUSO, MICHAEL 6181 BALBOA CIRCLE #102 BOCA RATON FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, WILLIAM 6025 BALBOA CIR # 302 BOCA RATON, FL 33433 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAHN, STEVEN 6073 BALBOA CIRCLE #201 BOCA RATON FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOODWARD, WAYNE 6169 BALBOA CIR BOCA RATON, FL 33433 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CROUSE, ROBERT 6025 BALBOA CIR #102 BOCA RATON, FL 33433 | <input checked="" type="checkbox"/> Delete | | 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 exemptions contained in Chapter 119, 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: <u>Gloria Defeo</u> <u>3/18/07</u> <u>301 391 3659</u> | | | | | |