FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04298 (8)

1. Corporation Name
WITNEY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUP INC 1051 S ROGERS CIR BOCA RATON FL 33487 US	C/O PRIME MANAGEMENT GROUP INC 1051 S ROGERS CIR BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1984
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2481721 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SWATT, MYRON I.
C/O PRIME MANAGEMENT GROUP INC
1051 S ROGERS CIR
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VP ☐ Change ☐ Addition
NAME	FOX, ROBERT Henry Markman	1.2 NAME	Blum, HANK
STREET ADDRESS	15492 LAKES OF DELRAY BLVD. unit B4/101	1.3 STREET ADDRESS	15492 Lakes of Delray Blvd
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Beach A2-101
TITLE	P	2.1 TITLE	P ☐ Change ☐ Addition
NAME	SCHERER, SAUL Ed Stevens	2.2 NAME	Fishbler, Emily
STREET ADDRESS	15488 LAKES OF DELRAY BLVD. unit B5/104	2.3 STREET ADDRESS	15500 Lakes of Delray B5/102
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach, Fla.
TITLE	~~ID~~ President	3.1 TITLE	PRESIDENT T.D. ☐ Change ☐ Addition
NAME	ALPERIN, SARA	3.2 NAME	ALPERIN SARA
STREET ADDRESS	15496 LAKES OF DELRAY BLVD.	3.3 STREET ADDRESS	15496 LAKES OF DELRAY BLVD
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	TD ☐ Change ☐ Addition
NAME		4.2 NAME	Carlino, John
STREET ADDRESS		4.3 STREET ADDRESS	15496 Lakes of Delray A1/203
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Delray Beach, Fla.
TITLE		5.1 TITLE	SD ☐ Change ☐ Addition
NAME		5.2 NAME	Pearlson, Kay
STREET ADDRESS		5.3 STREET ADDRESS	15496 Lakes of Delray A1/105
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Delray Beach, Fla.
TITLE		6.1 TITLE	D ☐ Change ☐ Addition
NAME		6.2 NAME	Smelson, Kate
STREET ADDRESS		6.3 STREET ADDRESS	15492 Lakes of Delray A1/103
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Delray Beach, Fla.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sara Alperin Sara Alperin 4/11/95 (407) 495-2732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #