

FILE NOW: FILING FEE IS \$61.25

0040649

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04298

1. Corporation Name

WITNEY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

C/O PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-3290
US

Mailing Address

C/O PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-3290
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/20/1984

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

9. Name and Address of Current Registered Agent

SWATT, MYRON I.
C/O PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed in block 12 or 13 of this form, as applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/99

12. OFFICERS AND DIRECTORS

TITLE VPD DELETE
NAME BLUM, HANK
STREET ADDRESS 15492 LAKES OF DELRAY BLVD.
CITY-ST-ZIP DELRAY BEACH FL

TITLE D DELETE
NAME LERMEN, JOSEPH
STREET ADDRESS 15488 LAKES OF DELRAY BLVD
CITY-ST-ZIP DELRAY BCH FL

TITLE P DELETE
NAME ALPERIN, SARA
STREET ADDRESS 15496 LAKES OF DELRAY BLVD.
CITY-ST-ZIP DELRAY BEACH FL

TITLE S DELETE
NAME KRAVITZ, MAXWELL
STREET ADDRESS 15496 LAKES OF DELRAY, A1/105
CITY-ST-ZIP DELRAY BEACH FL

TITLE TD DELETE
NAME SMELSON, KATE
STREET ADDRESS 15492 LAKES OF DELRAY, A1/103
CITY-ST-ZIP DELRAY BEACH FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD Change Addition
1.2 NAME Herman Blum
1.3 STREET ADDRESS 15488 Lakes of Delray Blvd. #101
1.4 CITY-ST-ZIP Delray Beach, FL 33484

2.1 TITLE D Change Addition
2.2 NAME PEARL STERLING
2.3 STREET ADDRESS 15500 Lakes of Delray Blvd. #204
2.4 CITY-ST-ZIP Delray Beach, FL 33484

3.1 TITLE PD Change Addition
3.2 NAME Sara Alperin
3.3 STREET ADDRESS 15496 Lakes of Delray Blvd. #102
3.4 CITY-ST-ZIP Delray Beach, FL 33484

4.1 TITLE ED Change Addition
4.2 NAME
4.3 STREET ADDRESS 15496 Lakes of Delray Blvd. #202
4.4 CITY-ST-ZIP Delray Beach, FL 33484

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS Same
5.4 CITY-ST-ZIP

6.1 TITLE D Change Addition
6.2 NAME Esther Heiser
6.3 STREET ADDRESS 15500 Lakes of Delray Blvd. #108
6.4 CITY-ST-ZIP Delray Beach, FL 33484

14. 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 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, with all other like empowered.

SIGNATURE:

Kate Smelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99

CR2E037 (11/98)