

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90040 046 ****61.25

DOCUMENT # N12986

1. Entity Name
WITNEY II PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
C/O PHIL CITTADINO MANAGEMENT, INC.
14000 MILITARY TRAIL, SUITE 204-C
DELRAY BEACH, FL 33484 US

Mailing Address
C/O PHIL CITTADINO MANAGEMENT, INC.
14000 MILITARY TRAIL, SUITE 204-C
DELRAY BEACH, FL 33484 US

30007573



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2680279

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PHIL CITTADINO MANAGEMENT INC.
14000 MILITARY TR SUITE 204C
DELRAY BEACH, FL 33484

Name
KEITH F BACKER, ESQ.

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

BACKER LAW FIRM, P.A.

400 SOUTH DIXIE HWY- SUITE 420

CITY
BOCA RATON

FL

Zip Code
33432

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

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME NADLER, RENE
STREET ADDRESS 15453 LAKES OF DELRAY BLVD
CITY-ST-ZIP DELRAY BEACH, FL 33484

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

TITLE VPD ☐ Delete
NAME BEVITZ, ANNE
STREET ADDRESS 15457 LAKES OF DELRAY BLVD D204
CITY-ST-ZIP DELRAY BEACH, FL 33484

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

TITLE SD ☐ Delete
NAME HELICHER, ELEANOR
STREET ADDRESS 15453 LKS OF DEL BLVD
CITY-ST-ZIP DELRAY BEACH, FL

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

TITLE TD ☐ Delete
NAME AGRESTE, JOSEPH
STREET ADDRESS 15449 LAKES OF DELRAY BLVD C3-106
CITY-ST-ZIP DELRAY BEACH, FL 33484

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

TITLE D ☐ Delete
NAME MAZELLI, BREN
STREET ADDRESS 15449 LAKES OF DELRAY BLVD C3-106
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE MAZELLI, BRENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-08

501-496-3233