


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90401 019 \*\*\*\*61.25

<b>DOCUMENT # N12987</b>						
<b>1. Entity Name</b> WITNEY C. CONDOMINIUM ASSOCIATION, INC.						
<b>Principal Place of Business</b> % PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, SUITE 204-C DELRAY BEACH, FL 33484 US			<b>Mailing Address</b> % PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, SUITE 204-C DELRAY BEACH, FL 33484 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2680276		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
SCHWIND, GEORGE, ESQ/ST. JOHN & KING 500 AUSTRALIAN AVE. S. SUITE 600 WEST PALM BEACH, FL 33401			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____			
<b>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.</b>						
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 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> SCHUTZER, ROSLYN		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VPD	<b>NAME</b> Watkins, Berdie	
<b>STREET ADDRESS</b> 15465 LAKES OF DELRAY BLVD, #C103	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33484		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 15469 Lakes of Delray Blvd #C1-202	<b>CITY-ST-ZIP</b> Delray Beach, FL 33484	
<b>TITLE</b> SD	<b>NAME</b> REMAS, ROSE		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Agresti, Joseph	
<b>STREET ADDRESS</b> 15465 LAKES OF DELRAY BLVD, #C103	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33484		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 15449 Lakes of Delray Blvd #C3-205	<b>CITY-ST-ZIP</b> Delray Beach, FL 33484	
<b>TITLE</b> VTD	<b>NAME</b> SLAVIN, ROSLYN		<input type="checkbox"/> Delete	<b>TITLE</b> PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 15465 LAKES OF DELRAY BLVD, #C101	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33484		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Brickman, Diane	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 15449 Lakes of Delray Blvd #C3-207	<b>CITY-ST-ZIP</b> Delray Beach, FL 33484	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>						
<b>SIGNATURE:</b> <u>Berdie Watkins V.P.</u>				<b>4-12-06 (561)496-3233</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		