

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90054 010 ****61.25

DOCUMENT # N13945

1. Entity Name

WITNEY D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2680278

Applied For

Not Applicable

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

GOODMAN, HORTENSE
15461 LAKES OF DELRAY BLVD., D1 101
DELRAY BCH. FL 33484

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☐ Delete
 NAME **GOODMAN, HORTENSE**
 STREET ADDRESS **15461 LKS OF DELRAY BLVD**
 CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE ~~JOSEPH~~ ☒ Delete
 NAME ~~ROSENBLATT, JOSEPH~~
 STREET ADDRESS **15461 LKS OF DELRAY BLVD**
 CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE ~~JOYCE~~ ☐ Delete
 NAME ~~JOYCE, HANNAH~~
 STREET ADDRESS **15457 LKS OF DELRAY BLVD**
 CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE **D** ☐ Delete
 NAME **BARATZ SAMUEL**
 STREET ADDRESS **15461 LKS OF DELRAY BLVD**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☒ 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

TITLE ☐ Delete
 NAME
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 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 exemption stated in Section 119.07(3)(i), 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: *Hortense Goodman* **GOODMAN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01 **561 496 2969**
 Date Daytime Phone #

CR2E037 (10/00)