2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Apr 21, 2006 8:00 am Secretary of State DOCUMENT # N13945 04-21-2006 90114 020 ****61.25 1. Entity Name WITNEY D CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O PHIL CITTADINO MANAGEMENT, INC. C/O PHIL CITTADINO MANAGEMENT, INC. 14000 MILITARY TRAIL, SUITE 204-C 14000 MILITARY TRAIL, SUITE 204-C DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 CR2E037 (11/05) Chq-NP Applied For City & State City & State 4. FEI Number 59-2680278 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BACKER, KEITH ESQ Street Address (P.O. Box Number is Not Acceptable) BACKER LAW FIRM, P.A. 400 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33432 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Fiorida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 11. TITLE STD TITLE ☐ Delete ☐ Change ☐ Addition BEVITZ, ANN NAME NAME STREET ADDRESS 15457 LAKES OF DELRAY BLVD #D204 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE Detete Change TITLE ☐ Addition MARTINEZ, FLORENCE MARTINEY, FLORENCE NAME NAME STREET ADDRESS 15457 LARIS OF DELRAY BLVD, D202 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NORMAN, STERN NAME NAME STREET ADDRESS 15457 LARIS OF DELRAY BLVD, D202 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP GOLDBERG BERNICE TITLE Delete ☐ Change Addition TITLE 15457 Lakes of Delray Blod # DIOY Delray Beach, H 35484 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE URCIUOLI, Blajamin NAME NAME fes of Delray Blod # D201

FILED

☐ Change

☐ Addition

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.

CITY-ST-ZIP

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TITLE

☐ Delete

SIGNATURE:		4-10-06	(561) 496-3233
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #