


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90451 001 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2680278	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACKER, KEITH ESQ. BACKER LAW FIRM, P.A. 400 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33432			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	STD	<input type="checkbox"/> Delete	TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEVITZ, ANN		NAME		
STREET ADDRESS	15457 LAKES OF DELRAY BLVD #D204		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, FLORENCE		NAME		
STREET ADDRESS	15457 LARIS OF DELRAY BLVD, D202		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAN, STERN		NAME		
STREET ADDRESS	15457 LARIS OF DELRAY BLVD, D202		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOLDBERG, BERNICE		NAME	Stern, Norman	
STREET ADDRESS	15457 LAKES OF DELRAY BLVD D201		STREET ADDRESS	15457 Lakesg Delray Blvd D2-203	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Bch, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	URCIUOLI, BENJAMIN		NAME	Lenehan, Ruth	
STREET ADDRESS	15457 LAKES OF DELRAY BLVD D201		STREET ADDRESS	15457 Lakesg Delray Blvd D1-101	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Bch, FL 33484	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Goldberg, Bernice	
STREET ADDRESS			STREET ADDRESS	15457 Lakesg Delray Blvd D2-104	
CITY-ST-ZIP			CITY-ST-ZIP	Delray Beach, FL 33484	
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: <i>Ann Bevit</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-19-07 561-496-3233 <small>Date Daytime Phone #</small>		