

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

04-21-2003 91070 005 ****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

55038969



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2680278**

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

GOODMAN, HORTENSE
15481 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. 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

FILE NOW: FEE IS \$61.25

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

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

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

TITLE **D** ☒ Delete
NAME **MARTINEZ, FLORENCE**
STREET ADDRESS **15457 LAKES OF DELRAY BLVD**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP/S/D** ☐ Change ☒ Addition
NAME **Ann BEVITZ**
STREET ADDRESS **15457 Lakes of Delray Blvd # D204**
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **President/Treasurer** ☐ Change ☐ Addition
NAME **Hannah Joyce**
STREET ADDRESS **15457 Lakes of Delray Blvd**
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **FRED KAHN** ☐ Change ☒ Addition
NAME
STREET ADDRESS **15461 LAKES OF Delray Blvd D1-203**
CITY-ST-ZIP **Delray Beach, FL 33484**

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

TITLE ☐ Change ☐ Addition
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 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:

Not Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03
Date

56146-3233
Daytime Phone #

CR2E037 (10/02)