

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90854 044 ****61.25

DOCUMENT # N18961

1. Entity Name
WITNEY E CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O PHIL CITTADINO MANAGEMENT, INC.
14000 MILITARY TRAIL, SUITE 204-C
DELRAY BEACH, FL 33484 US

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

40033001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2821477

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

ST. JOHN & KING
C/O GEORGE SCHWIND
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
W. PALM BCH., FL 33401

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

Filing Fee is \$61.25
Due by May 1, 2007

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	<input type="checkbox"/> Delete
NAME	NADLER, RENE	
STREET ADDRESS	15453 LKS OF DELRAY BLVD E1-106	
CITY-ST-ZIP	DELRAY BCH, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HELICKER, ELEANOR	
STREET ADDRESS	15453 LKS OF DEL BLVD E1-104	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAPP, HELEN	
STREET ADDRESS	15445 LAKES OF DELRAY BLVD E2-101	
CITY-ST-ZIP	DELRAY BCH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Jacobs, Harris	
STREET ADDRESS	15453 Lakes of Delray Blvd E1-102	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Runovski, marion	
STREET ADDRESS	15453 Lakes of Delray Blvd E1-103	
CITY-ST-ZIP	Delray Bch, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *René Nadler Pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07

501-496-3233

Date

Daytime Phone #