





# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90063 036 \*\*\*\*61.25

<b>DOCUMENT # N18961</b> 1. Entity Name <b>WITNEY E CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PHIL CITTADINO MANAGEMENT, INC.</b> <b>14000 MILITARY TRAIL, SUITE 204-C</b> <b>DELRAY BEACH, FL 33484 US</b>			Mailing Address <b>C/O PHIL CITTADINO MANAGEMENT, INC.</b> <b>14000 MILITARY TRAIL, SUITE 204-C</b> <b>DELRAY BEACH, FL 33484 US</b>		
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		
					
02072008    Chg-NP    CR2E037 (12/06)					
4. FEI Number <b>59-2821477</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ST. JOHN &amp; KING</b> <b>C/O GEORGE SCHWIND</b> <b>500 AUSTRALIAN AVENUE SOUTH, SUITE 600</b> <b>W. PALM BCH., FL 33401</b>			Name <b>KEITH F BACKER, ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>BACKER LAW FIRM, P.A.</b> <b>400 SOUTH DIXIE HWY - SUITE 420</b> City <b>BOCA RATON</b> FL    Zip Code <b>33432</b>		
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:  <b>KEITH F BACKER</b> <b>02.11.08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>NADLER, RENE</b> <b>15453 LKS OF DELRAY BLVD. E1-106</b> <b>DELRAY BCH, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HELICKER, ELEANOR</b> <b>15453 LKS OF DELRAY BLVD. E1-104</b> <b>DELRAY BEACH, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LAPP, HELEN</b> <b>15453 LKS OF DELRAY BLVD. E2-101</b> <b>DELRAY BCH, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACAKS, HARRIS</b> <b>15453 LKS OF DELRAY BLVD. E1-102</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JACOBS, HARRIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KUNAFSKI, MARION</b> <b>15453 LKS OF DELRAY BLVD. E1-103</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KUNOFSKY, MARION</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE:  <b>RENE NADLER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>3-13-08</b> <b>561-496-7233</b> <small>Date    Daytime Phone #</small>	