FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600003146

Corporation Name

WEST PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 10065 RED RUN BLVD. OWINGS MILLS MD 21117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address 10065 RED RUN BLVD. OWINGS MILLS MD 21117

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED May 03, 1999 8:00 am § Secretary of State

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3. Date incorporated or Qualifed

5. Certificate of Status Desired

06/12/1996

4. FEI Number 52-2107150

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Country	Zip		ountry		6. Election Cam	paign Financing			May Be
25	29	30				ontribution			to Fees
9. Name and Address of Current Re	agistered Agent	·	Ь.		10. Name and A	ddress of New Regis	stered A	gent	
•			81	Name					
ORATION SYSTEM			82	Street A	ddress (P.O. Box Numb	er is Not Acceptable)			
INE ISLAND RD.									<u> </u>
			83						
			04	City				85 Zin	Code
			- [- [•			FL	1 1	
egistered agent, or both, in the State of F	lorida. Such cha	inge was authoriz	ea by 1	-named of the corpo	corporation submits this ration's board of director	statement for the purp rs. I hereby accept the	ose of o	hanging its tment as n	s registered egistered
Signature, typed or printed name of registered agent and	title if applicable.	(NOTE: Register	ed Agent	signature re	quired when reinstating)		ATE		
						HANGES TO OFFICE	RS AND	DIRECT	ORS IN 12
PD		DELETE 1.1	TITLE					☐ Change	Addition
ELKINS. ROBERT N	•	1.2	NAME			++			
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ter	Country 25 9. Name and Address of Current Re ORATION SYSTEM INE ISLAND RD. ON FL 33324 To the provisions of Sections 617.0502 are registered agent, or both, in the State of Finite familiar with, and accept the obligation: OFFICERS AND D PD ELKINS, ROBERT N INTEGRATED HLTH SVRS, 10065 OWINGS MILLS MD 21117 V FULCHINO, MARK %10065 RED RUN BLVD. OWINGS MILLS MD 21117 TD BENNETT, BRADLEY %10065 RED RUN BLVD. OWINGS MILLS MD 21117 SD LEVIN, MARC %10065 RED RUN BLVD. OWINGS MILLS MD 21117 D ELKINS, MARSHALL	9. Name and Address of Current Registered Agent ORATION SYSTEM INE ISLAND RD. ON FL 33324 To the provisions of Sections 617.0502 and 617.1508, Flored agent agent, or both, in the State of Florida. Such chain familiar with, and accept the obligations of, Section 617 Signeture, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD ELKINS, ROBERT N INTEGRATED HLTH SVRS, 10065 RED RUN BLV OWINGS MILLS MD 21117 V FULCHINO, MARK %10065 RED RUN BLVD. OWINGS MILLS MD 21117 TD BENNETT, BRADLEY %10065 RED RUN BLVD. OWINGS MILLS MD 21117 SD LEVIN, MARC %10065 RED RUN BLVD. OWINGS MILLS MD 21117 D ELKINS, MARSHALL INTEGRATED HLTH SVRS INC, 10065 RED RUN OWINGS MILLS MD 21117	Country Zip Country 29 30 9. Name and Address of Current Registered Agent ORATION SYSTEM INE ISLAND RD. ON FL 33324 To the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the engistered agent, or both, in the State of Florida, Such change was authorizen familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the engistered agent, or both, in the State of Florida, Such change was authorizen familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the engistered agent and title if applicable. (NOTE: Register OFFICERS AND DIRECTORS 13 PD QELETE 1.1 ELKINS, ROBERT N 12 INTEGRATED HLTH SVRS, 10065 RED RUN BLVD 13 OWINGS MILLS MD 21117 14 V DELETE 2.1 BENNETT, BRADLEY 2.2 %10065 RED RUN BLVD. 33 OWINGS MILLS MD 21117 2.4 SD DELETE 4.1 LEVIN, MARC 4.2 %10065 RED RUN BLVD. 33 OWINGS MILLS MD 21117 3.4 ELKINS, MARSHALL 1117 4.4 DOWINGS MILLS MD 21117 5.5 ELKINS, MARSHALL 1117 5.5 ELKINS, MARSHALL 1117 5.5 OWINGS MILLS MD 21117 5.5 DELETE 5.1 ELKINS, MARSHALL 15065 RED RUN BL OWINGS MILLS MD 21117 5.5 OWINGS MILLS MD 21117 5.5 DELETE 6.1	Country 25 29 30 9. Name and Address of Current Registered Agent ORATION SYSTEM INE ISLAND RD. ON FL 33324 84 10 the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above agistered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD OFFICERS AND DIRECTORS PD ELKINS, ROBERT N INTEGRATED HLTH SVRS, 10065 RED RUN BLVD OWINGS MILLS MD 21117 V FULCHINO, MARK %10065 RED RUN BLVD. OWINGS MILLS MD 21117 DELETE SOUNGS MILLS MD 21117 DELETE 3.1 TITLE BENNETT, BRADLEY %10065 RED RUN BLVD. OWINGS MILLS MD 21117 DELETE 4.1 TITLE 4.2 NAME 4.2 NAME %10065 RED RUN BLVD. OWINGS MILLS MD 21117 DELETE LEVIN, MARC %10065 RED RUN BLVD. OWINGS MILLS MD 21117 DELETE ELKINS, MARSHALL INTEGRATED HLTH SVRS INC, 10065 RED RUN BL OWINGS MILLS MD 21117 DELETE ELKINS, MARSHALL INTEGRATED HLTH SVRS INC, 10065 RED RUN BL OWINGS MILLS MD 21117 DELETE 6.1 TITLE 6.2 NAME	Country 25 29 30 30 9. Name and Address of Current Registered Agent ORATION SYSTEM 82 Street A 83 84 City INE ISLAND RD. ON FL 33324 83 84 City In the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named or agistered agent, or both, in the State of Florida. Such change was authorized by the corpon familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD 13. ELKINS, ROBERT N 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP V DELETE 2. ITTLE 22. NAME 23. STREET ADDRESS 14. CITY-ST-ZIP FULCHINO, MARK 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 27. NAME 28. NAME 29. NA	Country 25 29 30 10 Trust Fund C 9. Name and Address of Current Registered Agent 10. Name and Address (P.O. Box Numb NiNE ISLAND RD. ON FL 33324 84 City to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this segistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) OFFICERS AND DIRECTORS 13. ADDITIONS/C PD DELETE 1.1 TITLE 1.2 PARE 1.1 TITLE 1.2 PARE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.3 STREET AD	Country Zip Country	Country 25 30 30 Trust Fund Contribution 10 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name	Country Zip Country 2 Zip Country 6. Election Campaign Financing \$5.00 Added 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the mindicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WUNDER OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1699

410.998.8578

KZEU3/ (11/98)

Applied For

\$8.75 Additional

Not Applicable