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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003146

1. Corporation Name

WEST PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-2107150	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	ELKINS, ROBERT N	1.2 NAME	Taylor Pickett
STREET ADDRESS	INTEGRATED HLTH SVRS, 10065 RED RUN BLVD	1.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	OWINGS MILLS MD 21117	1.4 CITY-ST-ZIP	owings mills md 21117
TITLE	V	2.1 TITLE	
NAME	FULCHINO, MARK	2.2 NAME	
STREET ADDRESS	%10065 RED RUN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	T
NAME	BENNETT, BRADLEY	3.2 NAME	Robert Stephenson
STREET ADDRESS	%10065 RED RUN BLVD.	3.3 STREET ADDRESS	10065 Red Run Blvd
CITY-ST-ZIP	OWINGS MILLS MD 21117	3.4 CITY-ST-ZIP	owings mills md 21117
TITLE	SD	4.1 TITLE	
NAME	LEVIN, MARC	4.2 NAME	
STREET ADDRESS	%10065 RED RUN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ELKINS, MARSHALL	5.2 NAME	
STREET ADDRESS	INTEGRATED HLTH SVRS INC, 10065 RED RUN BL	5.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

Mark Fulchino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

410.998.8578

CR2E037 (1/98)