

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 742460

**Entity Name:** WALTHAM H CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

189 WALTHAM H  
WEST PALM BEACH, FL 34417

**Current Mailing Address:**

WALTHAM H C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1748358

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLANK, AVIS E  
189 WALTHAM H  
WEST PALM BEACH, FL 33417 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            BLANK, AVIS E  
Address        189 WALTHAM H  
City-State-Zip: WEST PALM BEACH FL 33417

Title            VP  
Name            GROMADZKI, PAUL  
Address        2880 BOSTON CT  
City-State-Zip: YORKTOWN HEIGHTS NY 10598

Title            SECRETARY  
Name            RYAN, MICHAEL  
Address        93 EASTHAMPTON D  
City-State-Zip: WEST PALM BCH FL 33417

Title            DIRECTOR  
Name            WORDEN, ROBERT  
Address        2667 CHIPPEWA AVE N  
City-State-Zip: ST. PAUL MN 55109

Title            SECRETARY, DIRECTOR  
Name            RAHMEYER, MONTGOMERY  
Address        152 WELLINGTON H  
City-State-Zip: WEST PALM BEACH FL 33417

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AVIS E. BLANK (KR)

**PRESIDENT**

**05/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date