

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13945

Entity Name: WITNEY D CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

C/O WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

FEI Number: 59-2680278**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD 7
PLANTATION, FL 33317 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: THOMAS P FIORE

01/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KATZ, LESTER
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name GRONDIN, VIANNEY
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title TREASURER
Name ALVERIO MELLEY, DIANE
Address C/O WEST BROWARD COMMUNITY
 MGMT, INC.
 820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title SECRETARY
Name MARTINEZ, FLORENCE
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title VP
Name ROTTENBERG, LAURIE
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

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: LESTER KATZ

PRESIDENT

01/09/2024

Electronic Signature of Signing Officer/Director Detail

Date