

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13945

**Entity Name:** WITNEY D CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 26, 2023**  
**Secretary of State**  
**4714957225CC**

**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:**

BACKER, KEITH FESQ  
BACKER LAW FIRM, P.A.  
400 SOUTH DIXIE HIGHWAY  
BOCA RATON, FL 33432 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  
Name            KATZ, LESTER  
Address        C/O WEST BROWARD COMMUNITY  
                  MANAGEMENT  
                  820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

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

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

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

Title            VP  
Name            ALVERIO-MELLEY, DIANE  
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**

**03/26/2023**

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

\_\_\_\_\_  
Date