


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90014 016 ****61.25

DOCUMENT # 711909

1. Entity Name
WINDSOR ARMS CONDOMINIUM INC.



Principal Place of Business
**1915 RODMAN STREET
HOLLYWOOD FLA 33020**

Mailing Address
**% GANNIM SHARIFF
7834 SILVERADO CRT
DAVIE FL 33024**

34037035



MOORE CR2E037 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2061192

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHARIFF, GANNIM
7834 SILVERADO CRT
DAVIE FL 33024**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, MIGUEL	
STREET ADDRESS	4118 N. CIRCLE DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHARIFF, GANNIM	
STREET ADDRESS	7834 SILVERADO CRT	
CITY-ST-ZIP	DAVIE FL 33025	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MANSARAM, L'LOUTI	
STREET ADDRESS	8411 NW 5TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANSARAM, LALCHAN	
STREET ADDRESS	8411 NW 5TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMPAL, SAVITRI	
STREET ADDRESS	7840 SILVERADO CRT	
CITY-ST-ZIP	DAVIE FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAZZE, ELAINE	
STREET ADDRESS	321 HENRY ST	
CITY-ST-ZIP	JEANNETTE PA 15644	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mansaram, Lilouti	
STREET ADDRESS	6701 NW 57th Court	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sumintaro, Inlyang	
STREET ADDRESS	Apt # 10 1915 Rodman Street	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shariff, Gannim Jr	
STREET ADDRESS	7834 Silverado Court	
CITY-ST-ZIP	Davie, FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rampal, Michael	
STREET ADDRESS	7840 Silverado Court	
CITY-ST-ZIP	Davie, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lalchan Mansaram* **LALCHAN MANSARAM** **3/9/04 (954) 722-6394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #