

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742461 (7)

1. Corporation Name

WINDSOR L CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: WINDSOR L 274 CENTURY VILLAGE WEST PALM BEACH FL 33417  
Mailing Address: WINDSOR L 274 CENTURY VILLAGE WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified: 04/14/1978  
3a. Date of Last Report: 04/18/1995  
4. FEI Number: 59-1869957  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
TEITELBOUM, ARTHUR PRES  
WINDSOR L 276  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent  
81 Name: BENJAMIN SCHLEIDER  
82 Street Address (P.O. Box Number is Not Acceptable): 274 WINDSOR L  
83 City: WEST PALM BEACH  
84 City: FL  
85 Zip Code: 33417

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: BENJAMIN SCHLEIDER X Benjamin Schleider 3/8/96  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANE, SARAH	
STREET ADDRESS	WINDSOR L 255 CENTURY VILL	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POPOWSKY, LEO Popowski	
STREET ADDRESS	WINDSOR L 275 CEN VILL	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TDA	<input type="checkbox"/> DELETE
NAME	BELLE, RAPHAEL	
STREET ADDRESS	WINDSOR L-251 CEN VILL	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SDA	<input type="checkbox"/> DELETE
NAME	KOLSKY, BELLE	
STREET ADDRESS	WINDSOR L 260 CEN VILL	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FELDMAN, MORRIS	
STREET ADDRESS	WINDSOR L 262 CEN VILL	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHLEIDER, ANN SCHLEIDER	
STREET ADDRESS	WINSOR L-274 CEN DFILL	
CITY-ST-ZIP	WEST PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BENJAMIN SCHLEIDER	
13 STREET ADDRESS	WINDSOR L 274	
14 CITY-ST-ZIP	W PALM BEACH FL.	
21 TITLE	TD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	IDA MITTELDOF	
23 STREET ADDRESS	WINDSOR L 252 CV	
24 CITY-ST-ZIP	W PALM BEACH 33417-2445	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X Benjamin Schleider PRES: 3/8/96 (407) 689-6250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)