

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 03 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 US

Mailing Address
WINDSOT L 274 CENTURY VILLAGE WEST PALM BEACH FL 33417 US

3. Date Incorporated or Qualified 04/14/1978	3a. Date of Last Report 03/13/1996
4. FEI Number 59-1869957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**SCHLEIDER, BENJAMIN
274 WINDOR L
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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 _____ (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	POPOWSKI, LEO	
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	P	<input type="checkbox"/> DELETE
NAME	SCHLEIDER, BENJAMIN	
STREET ADDRESS	WINDSOR L 274	
CITY-ST-ZIP	WEST PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER IDA MITTELDORF
3.3 STREET ADDRESS	252 WINDSOR L
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417-2465
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: **SIGNATURE REQUIRED Benjamin Schleider**

CR2E037 (9/96)