

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90110 001 ****61.25

DOCUMENT # 742461

1. Entity Name

WINDSOR L CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

275 WINDSOR L
 WEST PALM BEACH FL 33417
 US

275 WINDSOR L
 WEST PALM BEACH FL 33417-2448
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

275 WINDSOR L
 WEST PALM BEACH FL 33417

275 WINDSOR L
 WEST PALM BEACH FL 33417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

260 WINDSOR L

260 WINDSOR L

City & State

City & State

West Palm Bch FL

West Palm Bch FL

4. FEI Number

59-1869957

Applied For

Not Applicable

Zip

Country

Zip

Country

33417

Palm Bch

33417

Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

POPOWSKI, LEO
 275 WINDOR L
 WEST PALM BEACH FL 33417

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.

SIGNATURE: *Leo Popowski V.P.*

1/5/2000

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, SHEILA	
STREET ADDRESS	276 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POPOWSKI, LEO	
STREET ADDRESS	WINDSOR L 275 CEN VILL	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEUTCHMAN, TILLIE	
STREET ADDRESS	264 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNO, SALLY	
STREET ADDRESS	251 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	FELDMAN, MORRIS	
STREET ADDRESS	262 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILLS, ETTA	
STREET ADDRESS	261 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendrika Lane	
STREET ADDRESS	255 WINDSOR L	
CITY-ST-ZIP	W.P.B. FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Leo Popowski V.P.* 1/5/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #