

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90061 019 ****61.25

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DOCUMENT # 742461

1. Entity Name

WINDSOR L CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

~~260 WINDSOR L
 WEST PALM BEACH FL 33417
 US~~

Mailing Address

~~260 WINDSOR L
 WEST PALM BEACH FL 33417
 US~~

2. Principal Place of Business

255 Windsor L

Suite, Apt. #, etc.

3. Mailing Address

255 Windsor L

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach FL

Zip
33417

Country

City & State

West Palm Beach FL

Zip
33417

Country

4. FEI Number

59-1869957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~POPOWSKI, LEO
 275 WINDSOR L
 WEST PALM BEACH FL 33417~~

7. Name and Address of New Registered Agent

Name **Hendrika LANE**
 Street Address (P.O. Box Number is Not Acceptable)
255 Windsor L
 City **West Palm Beach** FL Zip Code **33417**

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 **Hendrika LANE**

Signature, typed or printed name of registered agent and title if applicable.

Hendrika Lane

(NOTE: Registered Agent signature required when reinstating)

Jan 5 2001

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

TITLE	T	<input type="checkbox"/> Delete
NAME	LANE, HENDRIKA	
STREET ADDRESS	255 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	FELDMAN, MORRIS	
STREET ADDRESS	262 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILLS, ETTA	
STREET ADDRESS	261 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE HENDRIKA	
STREET ADDRESS	255 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUTCHMAN, TILLIE	
STREET ADDRESS	264 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLE KOLSKY	
STREET ADDRESS	260 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEILA WALLACE	
STREET ADDRESS	276 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNO SALLY	
STREET ADDRESS	251 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY NUCCITELLI	
STREET ADDRESS	263 WINDSOR L	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

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: **SIGNATURE REQUIRED** *Hendrika Lane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2001 561-616-2625

Date Daytime Phone #

CR2E037 (10/00)