

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90116 018 \*\*\*\*61.25

**DOCUMENT # 742461**

1. Entity Name

**WINDSOR L CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**255 WINDSOR L  
 WEST PALM BEACH FL 33417  
 US**

**255 WINDSOR L  
 WEST PALM BEACH FL 33417  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1869957**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANE, HENDRIKA  
 255 WINDSOR L  
 WEST PALM BEACH FL 33417**

Name **WALLACE, Sheila**

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

**276 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

*Sheila Wallace, President*

**1-8-2002**

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 NAME  Delete  
**P**  
**LANE, HENDRIKA**  
 STREET ADDRESS **255 WINDSOR L**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME  Change  Addition  
**P**  
**WALLACE, Sheila**  
 STREET ADDRESS **276 Windsor L**  
 CITY-ST-ZIP **W.P.B. FL 33417**

TITLE NAME  Delete  
**V**  
**DEUTCHMAN, TILLIE**  
 STREET ADDRESS **264 WINDSOR L**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME  Change  Addition  
**V**  
**DEUTCHMAN, TILLIE**  
 STREET ADDRESS **264 Windsor L**  
 CITY-ST-ZIP **W.P.B. FL 33417**

TITLE NAME  Delete  
**D**  
**ARNO, SALLY**  
 STREET ADDRESS **251 WINDSOR L**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME  Change  Addition  
**S**  
**KOLSKY, Belle**  
 STREET ADDRESS **260 Windsor L**  
 CITY-ST-ZIP **W.P.B. FL 33417**

TITLE NAME  Delete  
**T**  
**WALLACE, SHEILA**  
 STREET ADDRESS **276 WINDSOR L**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME  Change  Addition  
**T**  
**LANE, Hendrika**  
 STREET ADDRESS **255 Windsor L**  
 CITY-ST-ZIP **W.P.B. FL 33417**

TITLE NAME  Delete  
**D**  
**ARNO, SALLY**  
 STREET ADDRESS **251 WINDSOR L**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME  Change  Addition  
**A**  
**ARNO, SALLY**  
 STREET ADDRESS **251 Windsor L**  
 CITY-ST-ZIP **W.P.B. FL 33417**

TITLE NAME  Delete  
**B**  
**BEGUN, Rose**  
 STREET ADDRESS **268 Windsor L**  
 CITY-ST-ZIP **W.P.B. FL 33417**

TITLE NAME  Change  Addition  
**B**  
**BEGUN, Rose**  
 STREET ADDRESS **268 Windsor L**  
 CITY-ST-ZIP **W.P.B. 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: *Sheila Wallace*

**1/08/02 561-683-6362**

CR2E037 (9/01)