


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90061 050 ****61.25

DOCUMENT # 742461			
1. Entity Name WINDSOR L CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 272 WINDSOR L WEST PALM BEACH, FL 33417 US		Mailing Address 272 WINDSOR L WEST PALM BEACH, FL 33417 US	
2. Principal Place of Business		3. Mailing Address <i>255 Windsor L</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>West Palm Beach</i>	
City & State		City & State <i>FLORIDA</i>	
Zip	Country	Zip	Country
<i>33417</i>		<i>P.B.C</i>	
4. FEI Number 59-1869957		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEDULLA, JOSEPH 272 WINDSOR L WEST PALM BEACH, FL 33417		Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDULLA, JOSEPH	NAME	
STREET ADDRESS	272 WINDSOR L	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUTSCHMAN, TILLIE	NAME	
STREET ADDRESS	264 WINDSOR L	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, MARLENE	NAME	<i>S</i> KRAIN COLLINS
STREET ADDRESS	254 WINDSOR L	STREET ADDRESS	<i>268 Windsor L</i>
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	<i>West Palm Beach FL 33417</i>
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, HENDRIKA	NAME	
STREET ADDRESS	255 WINDSOR L	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVICKI, DEE	NAME	
STREET ADDRESS	257 WINDSOR L	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOWSKI, LEO	NAME	
STREET ADDRESS	275 WINDSOR L	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	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: <i>Hendrika Lane Hendrika Lane</i>		Date: <i>8/1/05</i> Day/line Phone #: <i>561-616-2625</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/line Phone #	

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