

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

1/2

01-29-2003 90160 014 ****61.25

DOCUMENT # 742461



1. Entity Name
WINDSOR L CONDOMINIUM ASSOCIATION, INC.

00010521

Principal Place of Business
**255 WINDSOR L
WEST PALM BEACH FL 33417
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
272 - Windsor - L

Suite, Apt. #, etc.

3. Mailing Address
272 - Windsor - L

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, Florida

City & State
WEST Palm Beach, Florida

4. FEI Number **59-1869957** Applied For Not Applicable

Zip **33417** Country **U.S.** Zip **33417** Country **U.S.**

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

6. Name and Address of Current Registered Agent
**WALLACE, SHELIA
278 WINDSOR L
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent
Name **PEDULLA, JOSEPH**
Street Address (P.O. Box Number is Not Acceptable)
272 - 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph Pedulla* **PRESIDENT** **1-20-03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	WALLACE, SHELIA <input checked="" type="checkbox"/> Delete	TITLE P	PEDULLA, JOSEPH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, SHELIA	NAME	PEDULLA, JOSEPH
STREET ADDRESS	278 WINDSOR L	STREET ADDRESS	272 - WINDSOR - L
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33417
TITLE V	DEUTCHMAN, TILIE <input checked="" type="checkbox"/> Delete	TITLE V/D	ARNO, SALLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUTCHMAN, TILIE	NAME	ARNO, SALLY
STREET ADDRESS	264 WINDSOR L	STREET ADDRESS	251 - WINDSOR - L
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33417
TITLE D	ARNO, SALLY <input type="checkbox"/> Delete	TITLE S/D	WALTERS, Marlene <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNO, SALLY	NAME	WALTERS, Marlene
STREET ADDRESS	251 WINDSOR L	STREET ADDRESS	254 - Windsor - L
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	WEST PALM BEACH, Florida 33417
TITLE T	LANE, HENDRIKA <input checked="" type="checkbox"/> Delete	TITLE T	RIGIONE, THOMAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, HENDRIKA	NAME	RIGIONE, THOMAS
STREET ADDRESS	255 WINDSOR L	STREET ADDRESS	271 - Windsor - L
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33417
TITLE D	ARNO, SALLY <input type="checkbox"/> Delete	TITLE D	POPOWSKI, LEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNO, SALLY	NAME	POPOWSKI, LEO
STREET ADDRESS	251 WINDSOR L	STREET ADDRESS	275 - WINDSOR - L
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33417
TITLE S	KOLSKY, BELLE <input checked="" type="checkbox"/> Delete	TITLE	
NAME	KOLSKY, BELLE	NAME	
STREET ADDRESS	260 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)(l), 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: *Joseph Pedulla* **1-20-03** **5615** **478-5609**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)