

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90152 004 \*\*\*\*61.25

0040265

|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # 742805**

1. Corporation Name

**WINDSOR C CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

64 WINDSOR C  
WEST PALM BEACH FL 33417  
US

Mailing Address

64 WINDSOR C  
WEST PALM BEACH FL 33417  
US



|                                |  |                     |  |                                                                                                             |  |
|--------------------------------|--|---------------------|--|-------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 24. Mailing Address |  | 3. Date incorporated or qualified                                                                           |  |
| 21                             |  | 26                  |  | 05/08/1978                                                                                                  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                                               |  |
| 22                             |  | 27                  |  | 59-1661111                                                                                                  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Zip Country                    |  | Zip Country         |  | 29 30                                                                                                       |  |
| 24 25                          |  | 29 30               |  |                                                                                                             |  |

9. Name and Address of Current Registered Agent

BURTON, JOYCE  
C-64 WINDSOR, CENTURY VILLAGE  
W. PALM BEACH, 33417

10. Name and Address of New Registered Agent

|                                                       |      |             |
|-------------------------------------------------------|------|-------------|
| 81 Name                                               | SAME |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |      |             |
| 83                                                    |      |             |
| 84 City                                               | FL   | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joyce V. Burton - JOYCE V. BURTON, P DATE FEB. 3 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|----------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | P <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BURTON, JOYCE                                | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | WINDSOR C64                                  | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | W PALM BCH, FL 00000                         | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | S <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FORD, JOAN                                   | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 564 WINDSOR C                                | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | W PALM BCH, FL 00000                         | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | T <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FARRELL, CARMELLA                            | 3.2 NAME                                              | FARRELL, CARMELLA                                                            |
| STREET ADDRESS             | WINDSOR C53                                  | 3.3 STREET ADDRESS                                    | WINDSOR C53.                                                                 |
| CITY-ST-ZIP                | W PALM BCH, FL 00000                         | 3.4 CITY-ST-ZIP                                       | W. PALM BCH, FL. 33417                                                       |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | SCHLANSKY, LAURA                             | 4.2 NAME                                              | DWEINER, LEE                                                                 |
| STREET ADDRESS             | 50 WINDSOR C                                 | 4.3 STREET ADDRESS                                    | WINDSOR C42                                                                  |
| CITY-ST-ZIP                | WEST PALM BEACH FL                           | 4.4 CITY-ST-ZIP                                       | W. PALM BCH, FL 33417                                                        |
| TITLE                      | D <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | METRICK ADRIENNE                             | 5.2 NAME                                              | TREASURER METRICK, ADRIENNE                                                  |
| STREET ADDRESS             | WINDSOR C43                                  | 5.3 STREET ADDRESS                                    | WINDSOR C43.                                                                 |
| CITY-ST-ZIP                | WEST PALM BEACH FL                           | 5.4 CITY-ST-ZIP                                       | West Palm Beach FL. 33417.                                                   |
| TITLE                      | V <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | EDELMAN, RUTH                                | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             | WINDSOR C41                                  | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | WEST PALM BEACH FL                           | 6.4 CITY-ST-ZIP                                       |                                                                              |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce V. Burton SIGNATURE REQUIRED: Joyce V. BURTON, P 2-3-99 561-683-5978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)