2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742805

1. Entity Name

WINDSOR C CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90022 037 ****61.25

Principal Place of Business	Mailing Address
64 WINDSOR C WEST PALM BEACH FL 33417 US	64 WINDSOR C WEST PALM BEACH FL 33417-2412 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
45 WINDSOR C	45 WINDSOR C
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach FL	City & State: West Palm Beach FL
Zip: 33417 Country: P.B.	Zip: 33417 Country: P.B.

4. FEI Number: 59-1661111 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURTON, JOYCE C-64 WINDSOR, CENTURY VILLAGE W. PALM BEACH, 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.

SIGNATURE: Frances M. Rhoades 1-11-00
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 / STREET ADDRESS / CITY-ST-ZIP	P BURTON, JOYCE WINDSOR C64 WPB FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Rhoades, Frances M. Windsor C45 WPB FL 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FORD, JOAN 564 WINDSOR C WPB FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 54 Windsor C 	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARRELL, CARMELLA WINDSOR C 53 WPB FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEINER, LEE WINDSOR C 42 WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T METRICK ADRIENNE WINDSOR C43 WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EDELMAN, RUTH WINDSOR C41 WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 Frances M. Rhoades 1-28-00 683-3708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #