

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90072 005 \*\*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                       |                                                              |                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 742805</b><br>1. Entity Name<br><b>WINDSOR C CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                       |                                                              |                               |  |
| Principal Place of Business<br><b>44 WINDSOR C</b><br><b>WEST PALM BEACH, FL 33417 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                                       |                                                              | Mailing Address<br><b>44 WINDSOR C</b><br><b>WEST PALM BEACH, FL 33417 US</b>                                  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                         |                                                              |                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | City & State                                                                          |                                                              | 03302005 Chg-NP CR2E037 (10/03)                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | Country                                                                               |                                                              | 4. FEI Number<br><b>59-1661111</b>                                                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    | Applied For<br>Not Applicable                                                         |                                                              |                                                                                                                |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    | 7. Name and Address of New Registered Agent                                           |                                                              |                                                                                                                |  |
| <b>BURTON, JOYCE</b><br><b>64 WINDSORC</b><br><b>W. PALM BEACH,, FL 33417</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 <u>Joyce Burton.</u> <span style="float: right;">APRIL 4, 2005</span><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                       |                                                              |                                                                                                                |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |                                                              | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                       |                                                              |                                                                                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>QUINN, CECILIA<br>44 WINDSOR C<br>WEST PALM BEACH, FL 33417   | <input type="checkbox"/> Delete                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | 5 JOHN MANNING<br>62 WINDSOR C<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>CHEBATORIS, HELEN<br>41 WINDSOR C<br>WPB, FL 33417           | <input type="checkbox"/> Delete                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>BURTON, JOYCE<br>64 WINDSORC<br>WPB, FL 33417                 | <input type="checkbox"/> Delete                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>WEINER, LEE<br>WINDSOR C 42<br>WEST PALM BEACH, FL 33417      | <input type="checkbox"/> Delete                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>METRICK, ADRIENNE<br>WINDSOR C43<br>WEST PALM BEACH, FL 33417 | <input type="checkbox"/> Delete                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>BROWN, ALMA<br>WINDSOR C 55<br>WEST PALM BEACH, FL 33417      | <input checked="" type="checkbox"/> Delete                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |  |
| 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: <u>Joyce Burton.</u> <b>JOYCE BURTON.</b> <span style="float: right;">4-5-05 561-683-5978</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                       |                                                              |                                                                                                                |  |