

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90112 036 ****61.25

DOCUMENT # 742805



1. Entity Name
WINDSOR C CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~44 WINDSOR C~~ **44 WINDSOR C** ~~44 WINDSOR C~~ **44 WINDSOR C**
WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417
US US

2. Principal Place of Business 3. Mailing Address
44 WINDSOR C **44 WINDSOR C**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
W. PALM BEACH, FL **W. PALM BEACH, FL**
Zip Country Zip Country
33417 P.B **33417 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
~~BURTON, JOYCE~~
~~64 WINDSOR~~
W. PALM BEACH, FL 33417

7. Name and Address of New Registered Agent
Name **QUINN CECILIA**
Street Address (P.O. Box Number is Not Acceptable)
44 WINDSOR C
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.
CECILIA QUINN
SIGNATURE *Cecilia Quinn* DATE **Jan. 16, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHOADES, FRANCES M WINDSOR C45 WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN, FORN 54 WINDSOR C WPB FL 33417 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURTON, JOYCE WINDSOR C 53 WPB FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, LEE WINDSOR C 42 WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRICK, ADRIENE WINDSOR C43 WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, ALMA WINDSOR C41 WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT. QUINN CECILIA 44 WINDSOR C WPB FL 33417 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE. PRESIDENT CHEBATORIS, HELEN 41 WINDSOR C WPB FL 33417 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *Cecilia Quinn* **CECILIA QUINN** 1-15-03 561-684-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)