2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 742815 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** WINDSOR N CONDOMINIUM ASSOCIATION, INC. 03-30-2000 90030 032 ****61.25 Principal Place of Business Mailing Address 311 WINDSOR N 311 WINDSOR N W PALM BCH FL 33417-2454 W PALM BCH FL 33417 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FFI Number City & State 59-1655293 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VERA, LEVINE WINDSOR N 311 W PALM BCH FL 33417 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) -14, J. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition TITLE ☐ Change TITLE PD ☐ Delete NAME MARION SUSLAK NAME STREET ADDRESS WINDSOR N 325 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH, FL 00000 33417 ☐ Change ☐ Addition TITLE TITLE TD ☐ Delete NAME NAME LEVINE, VERA STREET ADDRESS WINDSOR N311 CENT VIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL Change ☐ Addition ☐ Delete SD TITLE TITLE NAME FIRESTONE, PEARL NAME STREET ADDRESS STREET ADDRESS WINDSOR N312 CENT.VIL CITY-ST-ZIP City-SI-ZIP W PALM BCH FL ☐ Change ☐ Addition TITLE TITLE **VD** ☐ Delete NAME NAME FRIEDMAN, SHIRLEY STREET ADDRESS STREET ADDRESS 310 WINDSOR - NORTH CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME SAARI, DORIS STREET ADDRESS STREET ADDRESS 306 WINDSOR N CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

LEVINE 3-27-00 561-684-2460
Date Daytime Phone #