FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # 742815** 1. Entity Name 04-16-2001 90048 030 ****61.25 WINDSOR N CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 311 WINDSOR N 311 WINDSOR N W PALM BCH FL 33417 W PALM BCH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1655293 Not Applicable Zip Country Country Zip \$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 Street Address (P.O. Box Number is Not Acceptable) VERA, LEVINE WINDSOR N 311 W PALM BCH FL 33417 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD ☐ Addition ☐ Delete TITLE ☐ Change TITLE MARION SUSLAK NAME NAME STREET ADDRESS WINDSOR N 325 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH, FL 00000 33417 TD Change ☐ Addition TITLE ☐ Delete LEVINE, VERA NAME NAME STREET ADDRESS STREET ADDRESS WINDSOR N311 CENT VIL CITY-ST-ZIP W PALM BCH FL -CtTY-ST-ZIP Addition ☐ Delete TITLE Change NAME FIRESTONE, PEARL NAME STREET ADDRESS WINDSOR N312 CENT.VIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Change Addition TITLE TITLE NAME FRIEDMAN, SHIRLEY NAME STREET ADDRESS 310 WINDSOR - NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL TITI È Delete TITI F Change Addition NAME SAARI, DORIS NAME STREET ADDRESS STREET ADDRESS 306 WINDSOR N CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered. E OF SIGNING OFFICER OR DIRECTOR DATE

561-684-2460