FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2002 8:00 am Secretary of State **DOCUMENT # 742815** 1. Entity Name 03-20-2002 90013 007 ****61 25 WINDSOR N CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address JE WINDSOR N 311 WINDSOR N PALM BCH FL 33417 W PALM BCH FL 33417 US 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 \$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 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E037 (9/01 MARION SUSLAK NAME NAME STREET ADDRESS WINDSOR N 325 STREET ADDRESS CITY-ST-7IP W PALM BCH, FL 00000 33417 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEVINE, VERA NAME NAME STREET ADDRESS WINDSOR N311 CENT VIL STREET ADDRESS CITY-ST-ZIP W PALM BCH FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE FIRESTONE, PEARL NAME NAME STREET ADDRESS WINDSOR N312 CENT.VIL STREET ADDRESS CITY-ST-7IP-CITY-ST-ZIP W.PALM BCH FL VD ☐ Change ☐ Addition TITLE ☐ Delete TITLE SAARI, DORIS NAME NAME STREET ADDRESS 306 WINDSOR N STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

3-8-02 561-684-2460