2004 NOT-FOR-PROFIT CORPORATION

Mar 29, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #742815** 03-29-2004 90031 033 ****61.25 WINDSOR N CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 54023618 311 WINDSOR N 311 WINDSOR N W PALM BCH, FL 33417 W PALM BCH, FL 33417 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032004 Chq-NP CR2E037 (10/03) 4. FEI Number 59-1655293 City & State City & State Applied For Not Applicable 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 VERA, LEVINE Street Address (P.O. Box Number is Not Acceptable) WINDSOR N 311 W PALM BCH, FL 33417 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 Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, PD ☐ Change ☐ Addition TITLE ☐ Defete TITLE DORIS SAARI MARION SUSLAK NAME NAME 306 WINDSOR N WINDSOR N 325 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BCH, FL 00000, 33417 CITY-ST-ZIP WEST PALM BEACH 33417 TITLE ☐ Delete TITLE ☐ Change Addition LEVINE, VERA NAME NAME WINDSOR N311 CENT VIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH, FL TITLE ☐ Delete TITLE SD☐ Change ☐ Addition SALLY LITT FIRESTONE, PEARL NAME NAME 308 WINDSORN WINDSOR N312 CENT.VIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BCH, FL CITY-ST-7/P WESTPALM BEACH FL ☐ Change TITLE VD ☐ Delete TITLE ☐ Addition JOHN ZAGER SAARI, DORIS NAME NAME 304 WINDSORN 306 WINDSOR N STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL CITY-ST-7IP WESTPALM BEACH, FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address, with all other like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

561-684-2460 Daytime Phone #