

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 18 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742817 (0)

1. Corporation Name

WINDSOR P CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% NORMAN WOLMAN
360 WINDSOR P
WEST PALM BEACH FL 33417
US

% NORMAN WOLMAN
360 WINDSOR P
WEST PALM BEACH FL 33417
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1978	3a. Date of Last Report 04/13/1994
4. FEI Number 59-1714364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOLMAN, NORMAN 360 WINDSOR P WPB FL 33417		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERENBAUM, HAROLD	1.2 NAME	
STREET ADDRESS	357 WINDSOR P	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIAFFA, MICHAEL	2.2 NAME	500001499585
STREET ADDRESS	373 WINDSOR P	2.3 STREET ADDRESS	-04/18/95--01116--005
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	*****650.00 *****130.00
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERUNG, DAVID	3.2 NAME	
STREET ADDRESS	353 WINDSOR P	3.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLMAN, NORMAN	4.2 NAME	
STREET ADDRESS	360 WINDSOR P	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL, CLAIRE	5.2 NAME	
STREET ADDRESS	370 WINDSOR P	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEITZ, JODY	6.2 NAME	
STREET ADDRESS	369 WINDSOR P	6.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Norman Wolman - Norman Wolman 3/28/95
DATE: 407-684 8325
0011660