

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified **05/08/1978** 3a. Date of Last Report **04/18/1995**
4. FEI Number **59-1714364** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLMAN, NORMAN
360 WINDSOR P
WPB FL 33417

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERENBAUM, HAROLD	
STREET ADDRESS	357 WINDSOR P	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CIAFFA, MICHAEL	
STREET ADDRESS	373 WINDSOR P	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPERUNG, DAVID	
STREET ADDRESS	353 WINDSOR P	
CITY - ST - ZIP	WPB FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOLMAN, NORMAN	
STREET ADDRESS	360 WINDSOR P	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEARL, CLAIRE	
STREET ADDRESS	370 WINDSOR P	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEITZ, JODY	
STREET ADDRESS	369 WINDSOR P	
CITY - ST - ZIP	WPB FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. DICKER, SELMA J.	
1.3 STREET ADDRESS	358 WINDSOR P	
1.4 CITY - ST - ZIP	WEST PALM BEACH - FL 33417	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD SPERLING DAVID	
3.3 STREET ADDRESS	353 WINDSOR P	
3.4 CITY - ST - ZIP	WEST PALM BEACH FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P. ALLEN ROBERT	
5.3 STREET ADDRESS	359 WINDSOR P	
5.4 CITY - ST - ZIP	WEST PALM BEACH FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900001756673	
6.3 STREET ADDRESS	-03/26/96--01014--001	
6.4 CITY - ST - ZIP	***306.25	

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 119.07(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 617, 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** 2/24/96 407-6848375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)