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Apr 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 742817 (0)  
1. Corporation Name  
WINDSOR P CONDOMINIUM ASSOCIATION, INC.



800002144278  
-04/16/97--01002--006  
\*\*\*122-50

Principal Place of Business Mailing Address  
% NORMAN WOLMAN 360 WINDSOR P WEST PLAM BEACH FL 33417 US  
% NORMAN WOLMAN 360 WINDSOR P WEST PALM BEACH FL 33417-2462 US

3. Date Incorporated or Qualified 05/08/1978  
3a. Date of Last Report 03/25/1996

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

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

9. Name and Address of Current Registered Agent  
WOLMAN, NORMAN  
360 WINDSOR P  
WPB FL 33417

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DICKER, SELMA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	358 WINDSOR P		1.2 NAME
STREET ADDRESS	WEST PALM BEACH FL 33417		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	VPD CIAFFA, MICHAEL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	373 WINDSOR P		2.2 NAME
STREET ADDRESS	WEST PALM BEACH FL		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	SD SPERLING, DAVID	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	353 WINDSOR P		3.2 NAME
STREET ADDRESS	WEST PALM BEACH FL		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	TD WOLMAN, NORMAN	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	360 WINDSOR P		4.2 NAME
STREET ADDRESS	WEST PALM BEACH FL		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	D ARLEN, ROBERT	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	359 WINDSOR P		5.2 NAME
STREET ADDRESS	WEST PALM BEACH FL		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE	D METZ, JODY	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	369 WINDSOR P		6.2 NAME
STREET ADDRESS	WEST PALM BEACH FL		6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD NORMAN WOLMAN 360 WINDSOR P WPB FL 33417
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VPD MICHAEL CIAFFA 373 WINDSOR P WPB FL 33417
<input type="checkbox"/> Change <input type="checkbox"/> Addition	SD DAVID SPERLING 353 WINDSOR P WPB FL 33417
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD NORMAN WOLMAN 360 WINDSOR P WPB FL 33417
<input type="checkbox"/> Change <input type="checkbox"/> Addition	D ROBERT ARLEN 359 WINDSOR P WPB FL 33417
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D SYLVIA TRICHMAN 361 WINDSOR P WPB FL 33417

14. I do 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 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 3/6/97 816 6248371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038443

CR2E037 (9/96)

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