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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: % NORMAN WOLMAN, 360 WINDSOR P, WEST PLAM BEACH FL 33417-2462, US
Mailing Address: % NORMAN WOLMAN, 360 WINDSOR P, WEST PLAM BEACH FL 33417-2462, US

3. Date Incorporated or Qualified: 05/08/1978

4. FEI Number: 59-1714364
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 (81-85) fields for Name, Street Address, City, and 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	FLORIAN WOLMAN
NAME	WOLMAN, NORMAN	1.2 NAME	JOB PLATZNER
STREET ADDRESS	360 WINDSOR P	1.3 STREET ADDRESS	352 WINDSOR P
CITY-ST-ZIP	W.P.B. FL 33417	1.4 CITY-ST-ZIP	WPB FL 33417
TITLE	VPD	2.1 TITLE	V.P.D.
NAME	NOLTINE, PETER	2.2 NAME	OLGA WOLKENSTEIN
STREET ADDRESS	368 WINDSOR P	2.3 STREET ADDRESS	364 WINDSOR P
CITY-ST-ZIP	W.P.B. FL 33417	2.4 CITY-ST-ZIP	WPB FL 33417
TITLE	SD	3.1 TITLE	D
NAME	SPERLING, DAVID	3.2 NAME	TOBY ARLEN
STREET ADDRESS	353 WINDSOR P	3.3 STREET ADDRESS	359 WINDSOR P
CITY-ST-ZIP	WEST PALM BEACH FL 33417	3.4 CITY-ST-ZIP	WPB FL 33417
TITLE	4B	4.1 TITLE	D
NAME	SMALL, IDA	4.2 NAME	WILLIAM FULTON
STREET ADDRESS	355 WINDSOR P	4.3 STREET ADDRESS	369 WINDSOR P
CITY-ST-ZIP	W.P.B. FL 33417	4.4 CITY-ST-ZIP	WPB FL 33417
TITLE	D	5.1 TITLE	
NAME	ARLEN, ROBERT	5.2 NAME	
STREET ADDRESS	359 WINDSOR P	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	TEICHSIR, SYLVIA	6.2 NAME	
STREET ADDRESS	361 WINDSOR P	6.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. FL 33417	6.4 CITY-ST-ZIP	

14. 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 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: WINDSOR P CONDO ASSOC INC BY Norman Wolman 1/22/98 561 848325

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