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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742817

1. Corporation Name
WINDSOR P CONDOMINIUM ASSOCIATION, INC.

410501 - 90026 - 12

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/08/1978 4. FEI Number 59-1714364 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
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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 85 Zip Code
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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 _____ DATE _____
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WOLMAN, NORMAN 360 WINDSOR P W.P.B. FL 33417	1.1 TITLE	VPR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLMAN, NORMAN	1.2 NAME	DAVIS AL
STREET ADDRESS	360 WINDSOR P	1.3 STREET ADDRESS	368 WINDSOR P
CITY-ST-ZIP	W.P.B. FL 33417	1.4 CITY-ST-ZIP	WPB FL 33417
TITLE	TD PLATZNER, JOE 352 WINDSOR P WEST PALM BEACH FL 33417	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLATZNER, JOE	2.2 NAME	SAMBERG ALICE
STREET ADDRESS	352 WINDSOR P	2.3 STREET ADDRESS	373 WINDSOR P
CITY-ST-ZIP	WEST PALM BEACH FL 33417	2.4 CITY-ST-ZIP	WPB FL 33417
TITLE	SD SPERLING, DAVID 353 WINDSOR P WEST PALM BEACH FL 33417	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERLING, DAVID	3.2 NAME	
STREET ADDRESS	353 WINDSOR P	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	3.4 CITY-ST-ZIP	
TITLE	D SMALL, IDA 355 WINDSOR P W.P.B. FL 33417	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, IDA	4.2 NAME	
STREET ADDRESS	355 WINDSOR P	4.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. FL 33417	4.4 CITY-ST-ZIP	
TITLE	D ARLEN, TOBY 359 WINDSOR P WEST PALM BEACH FL 3317	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARLEN, TOBY	5.2 NAME	
STREET ADDRESS	359 WINDSOR P	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 3317	5.4 CITY-ST-ZIP	
TITLE	D FULTON, WILLIAM 369 WINDSOR D WEST PALM BEACH FL 33417	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULTON, WILLIAM	6.2 NAME	
STREET ADDRESS	369 WINDSOR D	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH 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, with all other like empowerments.

SIGNATURE: _____ SIGNATURE RE: *Norman Wolman* 3/24/99 561-6848375
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)