

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90020 033 \*\*\*\*61.25

**DOCUMENT # 742817**

1. Entity Name

**WINDSOR P CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% NORMAN WOLMAN  
 360 WINDSOR P  
 WEST PLAM BEACH FL 33417-2462  
 US

% NORMAN WOLMAN  
 360 WINDSOR P  
 WEST PLAM BEACH FL 33417-2462  
 US

HUUIU110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1714364**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLMAN, NORMAN**  
**360 WINDSOR P**  
**WPB FL 33417**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME WOLMAN, NORMAN  
 STREET ADDRESS 360 WINDSOR P  
 CITY-ST-ZIP W.P.B. FL 33417

TITLE  Change  Addition  
 NAME **AL DAVID**  
 STREET ADDRESS **368 WINDSOR P**  
 CITY-ST-ZIP **WPB FL 33417**

TITLE TD  Delete  
 NAME PLATZNER, JOE  
 STREET ADDRESS 352 WINDSOR P  
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE  Change  Addition  
 NAME **D ALICE SAMBERG**  
 STREET ADDRESS **373 WINDSOR P**  
 CITY-ST-ZIP **WPB FL 33417**

TITLE SD  Delete  
 NAME SPERLING, DAVID  
 STREET ADDRESS 353 WINDSOR P  
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME SMALL, IDA  
 STREET ADDRESS 355 WINDSOR P  
 CITY-ST-ZIP W.P.B. FL 33417

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME ARLEN, TOBY  
 STREET ADDRESS 359 WINDSOR P  
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME FULTON, WILLIAM  
 STREET ADDRESS 369 WINDSOR D  
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIG. Norman P. Wolman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/2000 561-684837*  
 Date Daytime Phone #