

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

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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 #