

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90020 015 ****61.25

DOCUMENT # 742817

1. Entity Name
 WINDSOR P CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
 SEACREST SERVICES, INC.
 2400 CENTRE PARK W. DRIVE, # 175
 WEST PALM BEACH, FL 33409 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01202006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
 59-1714364

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
 COLLINS, PHYLISS
 351 WINDSOR P
 WPB, FL 33417

7. Name and Address of New Registered Agent
 Name Phyllis Collins
 Street Address (P.O. Box Number is Not Acceptable)
351 Windsor P
 City W P B FL FL Zip Code 33417

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE Phyllis Collins DATE 2/7/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	WOLMAN, NORMAN	<input type="checkbox"/> Delete
STREET ADDRESS	360 WINDSOR P	
CITY-ST-ZIP	W.P.B., FL 33417	
TITLE TD	PLATZNER, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	352 WINDSOR P	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE D	WOLNAN, ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	360 WINDSOR P	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE D	SMALL, IDA	<input type="checkbox"/> Delete
STREET ADDRESS	355 WINDSOR P	
CITY-ST-ZIP	W.P.B., FL 33417	
TITLE PD	COLLINS, PHYLISS	<input type="checkbox"/> Delete
STREET ADDRESS	351 WINDSOR P	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE SD	WERTENSTEIN, BEA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	351 WINDSOR P	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	

TITLE SD	ANN WOLMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	360 WINDSOR P	
CITY-ST-ZIP	W.P.B. FL 33417	
TITLE VP	DAVID COLLINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	351 WINDSOR P	
CITY-ST-ZIP	W.P.B. FL 33417	
TITLE D	ALICE SAMBERG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	373 WINDSOR P	
CITY-ST-ZIP	WPB FL 33417	
TITLE D	CLAIRE PEARL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	370 WINDSOR P	
CITY-ST-ZIP	W P B FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Norman Wolman DATE 2/7/06 DAYTIME PHONE # 561-6848375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR