


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90065 012 \*\*\*\*61.25

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # 742817</b>   |   |    |  |
| 1. Entity Name<br>WINDSOR P CONDOMINIUM ASSOCIATION, INC.  |   |   |  |
| Principal Place of Business<br>% NORMAN WOLMAN<br>360 WINDSOR P<br>WEST PLAM BEACH, FL 33417-2462 US   |   | Mailing Address<br>SEACREST SERVICES, INC.<br>2400 CENTRE PARK W. DRIVE, # 175<br>WEST PALM BEACH, FL 33409 US  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |
| City & State   |   | City & State  |  |
| Zip  | Country   | Zip   | Country  |
| 4. FEI Number<br>59-1714364  |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent   |  |
| COLLINS, PHYLISS<br>351 WINDSOR P<br>WPB, FL 33417   |   | Name <u>TOM HAGER</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>365 WINDSOR P</u><br>City <u>W.P.B.</u> <b>FL</b> Zip Code <u>33417</u> |  |
| 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 <u>Tom Hager - PRES</u>  |   | DATE <u>2/6/08</u>  |  |
| Signature, typed or printed name of registered agent and title if applicable.  |   | (NOTE: Registered Agent signature required when reinstating)  |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>   |   | \$5.00 May Be Added to Fees   |  |
| Filing Fee is \$61.25 Due by May 1, 2008   |   | Make check payable to Florida Department of State   |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>WOLMAN, NORMAN<br>360 WINDSOR P<br>W.P.B., FL 33417 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ADD WOLMAN<br>360 WINDSOR P<br>WPB FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>COLLINS, DAVID<br>351 WINDSOR P<br>WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>IDA SMALL<br>355 WINDSOR P<br>WPB FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SAMBERG, ALICE<br>373 WINDSOR P<br>WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>TOM HAGER<br>365 WINDSOR P<br>WPB FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PEARL, CLAIRE<br>370 WINDSOR P<br>W.P.B., FL 33417 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SEC<br>JOSEPH PLATZNER<br>352 WINDSOR P<br>WPB FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>COLLINS, PHYLLIS<br>351 WINDSOR P<br>WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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: <u>NORMAN WOLMAN - Norman Wolman</u>  |   | DATE: <u>2/7/08</u> Daytime Phone: <u>561-6848325</u>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | DATE  |  |

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