


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90037 027 ****61.25

DOCUMENT # 742817

1. Entity Name
WINDSOR P CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address


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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1714364** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLMAN, NORMAN
360 WINDSOR P
WPB FL 33417

7. Name and Address of New Registered Agent

Name **PHYLISS COLLINS**

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

City **WPB FL 33417** 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 **1/12/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	WOLMAN, NORMAN	
STREET ADDRESS	360 WINDSOR P	
CITY-ST-ZIP	W.P.B. FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PLATZNER, JOE	
STREET ADDRESS	352 WINDSOR P	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME	SPERLING, DAVID	
STREET ADDRESS	353 WINDSOR P	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, IDA	
STREET ADDRESS	355 WINDSOR P	
CITY-ST-ZIP	W.P.B. FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOLMAN, ANN	
STREET ADDRESS	360 WINDSOR PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DAVID, AL	
STREET ADDRESS	368 WINDSOR P	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PHYLISS COLLINS		
STREET ADDRESS	351 WINDSOR P		
CITY-ST-ZIP	W.P.B. FL 33417		
TITLE	SP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BEA WERTENSTEIN		
STREET ADDRESS	358 WINDSOR P		
CITY-ST-ZIP	W.P.B. FL 33417		
TITLE	DECLARE PEARL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	370 WINDSOR P		
STREET ADDRESS	W.P.B. FL 33417		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Phyllis Collins* DATE: **1/12/03** **6848696**

CR2E037 (10/02)