CR2E037 (9/01)

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

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Apr 01, 2002 8:00 am Secretary of State **DOCUMENT # NO3175** 1. Entity Name WINDWOOD ISLES CONDOMINIUM ASSOCIATION, INC. 04-01-2002 90060 047 ****61.25 Mailing Address Principal Place of Business 4300 NW 19TH AVE RMC STE C P.O. BOX 97-0069 POMPANO BEACH FL 33060 **BOCA RATON FL 33497** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2615187 Not Applicable Country \$8.75 Additional Zip Country αiΣ 5.-Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **RESIDENTIAL MANAGEMENT CONCEPTS2** 4350 NW 19TH AVE STE C POMPANO BEACH FL 33064 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) **Make Check Payable to** 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE FERRARO, DAN NAME STREET ADDRESS 170 SE 7TH STREET 8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** ∇T ☐ Addition STD 💢 Change Delete TITLE HAND, VADA NAME NAME STREET ADDRESS STREET ADDRESS 140 SE 7TH STREET 7 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** ☐ Change ☐ Addition ☐ Delete TITLE TITLE **GOLDSTEIN, DORIS** NAME NAME STREET ADDRESS 150 SE 7TH STREET 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 **X** Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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