## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002150

**FILED** May 03, 2010 Secretary of State

Entity Name: WINDSOR TERRACE CONDO ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

1021 MICHIGAN AVENUE

MIAMI BEACH,, FL 33139 US

**Current Mailing Address:** 

**New Mailing Address:** 

1021 MICHIGAN AVENUE

C/O AMERICAN PROPERTY MANAGEMENT SPC.

PO BOX 191042 MIAMI BEACH,, FL 33139 US

MIAMI BEACH,, FL 33119 US

FEI Number: 02-0717072

FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, OLIVER W PRES 1021 MICHIGAN AVE

AMERICAN PROPERTY MANAGEMENT SPECIALISTS 1370 WASHINGTON AVENUE

MIAMI BEACH, FL 33139 US

MIAMI BEACH, FL 33139 US

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: KRISTINA MANGOLD

05/03/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

SHINGARY, JOE Name:

Address: 2336 S. EAST OCEAN BLVD. #333

City-St-Zip: STUART, FL 34996 US

Title: PD

Name: DAVIS, OLIVER

Address: 1021 MICHIGAN AVENUE City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VPD

CARVALLO, JORGE Name: Address: 1021 MICHIGAN AVENUE City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR

Name: MANGOLD, KRISTINA Address: PO BOX 191042 City-St-Zip: MIAMI BEACH, FL 33119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OLIVER DAVIS PD