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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18502 (7)

1. Corporation Name

WINDSOR PARKE AT THE POLO CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY. STE 250
BOCA RATON FL 33487
US

C/O COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY. STE 250
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified
12/29/1986

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY
STE 250
BOCA RATON FL 33457

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Joel Messinger

4/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME GUTTERMAN, DAN
STREET ADDRESS 5210 WINDSOR PK DR
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP ☒ DELETE

NAME COOPER, MALCOLM
STREET ADDRESS 17051 WINDSOR PARKE CT.
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Joseph, Biben
2.3 STREET ADDRESS 5014 Windsor Parke Drive
2.4 CITY-ST-ZIP Boca Raton, FL 33496

TITLE DST ☐ DELETE

NAME KAVANAU, JOSEPH
STREET ADDRESS 951 BROKEN SOUND PKWY, STE 250
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Joseph Kavanau
3.3 STREET ADDRESS 5042 Windsor Parke Drive
3.4 CITY-ST-ZIP Boca Raton, FL 33496

TITLE D ☒ DELETE

NAME BIBEN, JOSEPH
STREET ADDRESS 951 BROKEN SOUND PKWY, STE 250
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME LINDGREN, CHARLES
STREET ADDRESS 951 BROKEN SOUND PKWY, STE 250
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joel Messinger

4/28/96 409 994-1788

CR2E037 (12/95)