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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18502

1. Corporation Name

WINDSOR PARKE AT THE POLO CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

12/29/1986

4. FEI Number

59-2820254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE VT ☐ DELETE
NAME GUTTERMAN, DAN
STREET ADDRESS 5210 WINDSOR PK DR
CITY-ST-ZIP BOCA RATON FL 33496

TITLE PD ☐ DELETE
NAME BENSON, FRANKLIN
STREET ADDRESS 5194 WINDSOR PK DR
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE
NAME APELBAUM, JACOB
STREET ADDRESS 17070 WINDSOR PARKE CT
CITY-ST-ZIP BOCA RATON FL

TITLE DS ☐ DELETE
NAME SHAFTER, BONNIE
STREET ADDRESS 5101 WINDSOR PARKE DR
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE
NAME WALTERS, BARRY
STREET ADDRESS 5226 WINDSOR PK DR
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition
1.2 NAME GUTTERMAN, DAN
1.3 STREET ADDRESS 5210 WINDSOR PK DR
1.4 CITY-ST-ZIP BOCA RATON, FL 33496

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DT ☐ Change ☒ Addition
3.2 NAME DANIEL BURTON
3.3 STREET ADDRESS 5058 WINDSOR PARKE DRIVE
3.4 CITY-ST-ZIP BOCA RATON, FL 33496

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 561-994-1788
Date Daytime Phone #

CR2E037 (11/98)