

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18502

1. Entity Name

WINDSOR PARKE AT THE POLO CLUB HOMEOWNERS ASSOCI

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 33487-3506  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2820254

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE VD  
NAME GUTTERMAN, DAN  
STREET ADDRESS 5210 WINDSOR PK DR  
CITY-ST-ZIP BOCA RATON FL 33496 ☒ Delete

TITLE D  
NAME SALTZMAN, TARA  
STREET ADDRESS 5198 WINDSOR PK. DR.  
CITY-ST-ZIP BOCA RATON, FL 33496 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT  
NAME BURTON, DANIEL  
STREET ADDRESS 5058 WINDSOR PARKE DR  
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*ECN/IR/RE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00  
Date

Daytime Phone #

FILED  
Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90053 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)