

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18502

FILED
Apr 09, 2008
Secretary of State

Entity Name: WINDSOR PARKE AT THE POLO CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O CREST MANAGEMENT GROUP, INC
6413 CONGRESS AVENUE, STE 200
BOCA RATON, FL 33487 US

Current Mailing Address:

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

New Mailing Address:

C/O CREST MANAGEMENT GROUP, INC
6413 CONGRESS AVENUE, STE 200
BOCA RATON, FL 33487 US

FEI Number: 59-2820254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CREST MANAGEMENT GROUP, INC
6413 CONGRESS AVENUE, STE 200
STE 200
BOCA RATON, FL 33487 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: GARY BUDD

04/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLEIN, ARNOLD DR
Address: 5070 WINDSOR PARKE DR.
City-St-Zip: BOCA RATON, FL 33496

Title: PD () Delete
Name: BENSON, FRANKLIN
Address: 5194 WINDSOR PK DR
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: BURTON, DANIEL
Address: 5058 WINDSOR PARKE DR
City-St-Zip: BOCA RATON, FL 33496

Title: DS () Delete
Name: SHAFTER, BONNIE
Address: 5101 WINDSOR PARKE DR.
City-St-Zip: BOCA RATON, FL 33496

Title: DVPT () Delete
Name: WEXLER, ESTHER
Address: 5166 WINDSOR PARKE DR.
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BENSON, FRANKLIN
Address: 5194 WINDSOR PK DR
City-St-Zip: BOCA RATON, FL 33496

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANKLIN BENSON

PRES

04/09/2008

Electronic Signature of Signing Officer or Director

Date