

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90106 035 *****61.25

DOCUMENT # N18502

1. Entity 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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALTZMAN, TARA	
STREET ADDRESS	5198 WINDSOR PK DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENSON, FRANKLIN	
STREET ADDRESS	5194 WINDSOR PK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BURTON, DANIEL	
STREET ADDRESS	5058 WINDSOR PARKE DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BIBEN, MYRA	
STREET ADDRESS	5014 WINDSOR PARK E. DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, BARRY	
STREET ADDRESS	5226 WINDSOR PK DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPO/SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. Arnold Klein	
STREET ADDRESS	5070 Windsor Parke Dr	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Shafter	
STREET ADDRESS	5101 Windsor Parke Dr.	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Esther Wexler	
STREET ADDRESS	5166 Windsor Parke Dr.	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* REQUIRED

3/31/03

CR2E037 (10/02)