


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90097 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42649

1. Corporation Name
WINDSOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 735 NW 13TH AVE #01 MIAMI FL 33125	Mailing Address 735 NW 13TH AVE #01 MIAMI FL 33125
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2. Principal Place of Business 21 735 NW 13 AVE	2a. Mailing Address 26 735 NW 13 AVE	3. Date Incorporated or Qualified 03/22/1991
Suite, Apt. #, etc. 22 4	Suite, Apt. #, etc. 27 4	4. FEI Number 65-0260817
City & State 23 MIAMI FL	City & State 28 MIAMI FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33125	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30 33125	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RODRIGUEZ, JESUS P 735 NW 13 AVENUE APT. 1 MIAMI FL 33125		81 Name	ROBERTO CASTILLO
		82 Street Address (P.O. Box Number is Not Acceptable)	735 NW 13 AVE #4
		83	
		84 City	MIAMI FL
		85 Zip Code	33125

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 **Roberto Castillo** **ROBERTO CASTILLO, SECRETARY** **1/19/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD RENDON, LUZ	1.2 NAME	VD SAEZ, MARIA JOSEFA
STREET ADDRESS	735 NW 13 AV #6	1.3 STREET ADDRESS	747 NW 13 AV #3
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	MIAMI FL 33125
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VTD SAEZ, JOSEFINA	2.2 NAME	CASTILLO, ROBERTO
STREET ADDRESS	747 NW 13 AVENUE APT 3	2.3 STREET ADDRESS	735 NW 13 AV #4
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33125
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD RODRIGUEZ, JESUS	3.2 NAME	TD GODDY, MARTHA
STREET ADDRESS	735 NW 13 AVENUE APT 1	3.3 STREET ADDRESS	747 NW 13 AV #6
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33125
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Roberto Castillo** **ROBERTO CASTILLO** **1/19/99** **305-324-0050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)