

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42649

1. Entity Name

WINDSOR CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90004 006 ****61.25

Principal Place of Business 735 N.W. 13 AVENUE #4 MIAMI FL 33125	Mailing Address 735 N.W. 13 AVENUE #4 MIAMI FL 33125-3712
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DO NOT WRITE IN THIS SPACE

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 65-0260817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CASTILLO, ROBERTO
735 N.W. 13 AVENUE
APT. 4
MIAMI FL 33125

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE VD	<input type="checkbox"/> Delete
NAME SAEZ, MARIA JOSEFA	
STREET ADDRESS 747 N.W. 13 AVENUE #3	
CITY-ST-ZIP MIAMI FL 33125	
TITLE VTD	<input checked="" type="checkbox"/> Delete
NAME SAEZ, JOSEFINA	
STREET ADDRESS 747 NW 13 AVENUE APT 3	
CITY-ST-ZIP MIAMI FL	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME RODRIGUEZ, JESUS	
STREET ADDRESS 735 NW 13 AVENUE APT 1	
CITY-ST-ZIP MIAMI FL	
TITLE SD	<input type="checkbox"/> Delete
NAME CASTILLO, ROBERTO	
STREET ADDRESS 735 N.W. 13 AVENUE #4	
CITY-ST-ZIP MIAMI FL 33125	
TITLE TD	<input type="checkbox"/> Delete
NAME GODOY, MARTHA	
STREET ADDRESS 747 N.W. 13 AVENUE #6	
CITY-ST-ZIP MIAMI FL 33125	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUZ ELENA RENDON	
STREET ADDRESS 735 NW 13 AVE #6	
CITY-ST-ZIP MIAMI FL 33125	
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	<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: LUZ ELENA RENDON **RELUZIR RENDON** 2/29/00 305-782-0391
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)