

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002408 (3)

1. Corporation Name

WINDSOR PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1320 DREXEL BAYE MIAMI BEACH FL 33139	Mailing Address 1111 LINCOLN RD. STE. 800 MIAMI BEACH FL 33139
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3. Date Incorporated or Qualified 05/24/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0567265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 1320 DREXEL AVE.	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State M.B. FL.	City & State
Zip 33139	Country U.S.A.

9. Name and Address of Current Registered Agent SHERMAN, ROBERT 1111 LINCOLN RD. #800 MIAMI BEACH FL 33139				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code FL

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: DATE: **1/17/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SHERMAN, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1111 LINCOLN RD. #800	CITY-ST-ZIP MIAMI BEACH FL 33139	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE VD	NAME WELLS, RICHARD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1301 DADE BLVD #900-16TH	CITY-ST-ZIP MIAMI BEACH FL 33139	2.2 NAME	
		2.3 STREET ADDRESS 900-16th STREET	
		2.4 CITY-ST-ZIP M.B. FL. 33139	
TITLE SD	NAME VAZQUEZ, DAMARYS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1301 DADE BLVD #900-16TH	CITY-ST-ZIP MIAMI BEACH FL 33139	3.2 NAME	
		3.3 STREET ADDRESS 900-16th STREET	
		3.4 CITY-ST-ZIP M.B. FL. 33139	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 in an attachment with an address.

SIGNATURE: DATE: **1/17/96** EXEMPTION FEE # **531-5315**

CR2E037 (12/95)