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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

1320 DREXEL AVE.  
MIAMI BEACH FL 33139  
US

1111 LINCOLN RD.  
STE. 800  
MIAMI BEACH FL 33139-2451

3. Date Incorporated or Qualified  
05/24/1993

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

4. FEI Number  
65-0567265

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMAN, ROBERT  
1111 LINCOLN RD.  
#800  
MIAMI BEACH FL 33139

81 Name

Hal Schenk

82 Street Address (P.O. Box Number is Not Acceptable)

2740 W 5 AVE.

83

84 City

Hialeah

FL

85 Zip Code

33010

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

*Hal Schenk*

2/7/97

Signature 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 PD  DELETE  
NAME SHERMAN, ROBERT  
STREET ADDRESS 1111 LINCOLN RD. #800  
CITY - ST - ZIP MIAMI BEACH FL 33139

1.1 TITLE PD  Change  Addition  
1.2 NAME ORTIZ, ALEX  
1.3 STREET ADDRESS 1320 DREXEL AVE, APT 305  
1.4 CITY - ST - ZIP MIAMI BEACH FL 33139

TITLE VD  DELETE  
NAME WELLS, RICHARD  
STREET ADDRESS 900 16TH ST.  
CITY - ST - ZIP MIAMI BEACH FL

2.1 TITLE VTD  Change  Addition  
2.2 NAME RASPANTI, MONICA  
2.3 STREET ADDRESS 1320 DREXEL AVE, APT 203  
2.4 CITY - ST - ZIP MIAMI BEACH, FL 33139

TITLE SD  DELETE  
NAME VAZQUEZ, DAMARYS  
STREET ADDRESS 900 16TH ST.  
CITY - ST - ZIP MIAMI BEACH FL

3.1 TITLE SD  Change  Addition  
3.2 NAME STOSKOPF, DEBRA  
3.3 STREET ADDRESS 1320 DREXEL AVE, APT 302  
3.4 CITY - ST - ZIP MIAMI BEACH FL 33139

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-97 (305)672-9595  
Date Daytime Phone # 0027364

CR2E037 (9/96)