NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N93000002408

1. Corporation Name

WINDSOR PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1320 DREXEL AVE. MIAMI BEACH FL 33139

US

Mailing Address

C/O WOODS MANAGEMENT 2740 W 5 AVE HIALEAH FL 33010

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90075 029 ****61.25

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2. Principal P	Place of Business	2a. Mailing Address		3. Date incorporated or Qualifed		
21 WIND	SOR PLAZA CONDO	26 WINDSOR PU	AM CONDO		· ,	
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
22 1 3 Le	PREXEL AVE	27 P.O. BOX 19	1076 4	65-0567265	Not Applicable	
City & Stat		City & State		5. Certificate of Status Desired	\$8.75 Additional	
23 M IAN	1) BEACH, FL	28 MIAMI BEA	reH.FL	o. Continuate of Gratas Book of	Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24 3313	39 25 U.S.A.	29 33119 3	o U.S.A	Trust Fund Contribution	Added to Fees	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
81 Name ORTIZ						
SCHENK,	MAI		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
2740 W 5			ZZ		•	
			83			
HIALEAH	FL 33010				1-1-6	
	. * . * . * . * . * . * . *		84 City	M) BEALLY FI	85 Zip Code	
Z.w	th the naturalization of Sections 617 0500 a	and 617 1508. Florida Statutes	the about named corn	arotion cultimits this statement for the numose of	of changing its registered	
Pursuant	to the provisions of Sections 617.0502 a registered exent, or both, in the State of I	Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the appoint	pintment as registered	
agentla			ta_Statutes.	1/12	100	
IGNATURE	X Xic	ardo Marle	ng	2/25/	77	
	Signature, typed or printed name of registered agent ar		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
	OFFICERS AND	DIRECTORS	13.		Change Addition	
TITLE	PD	☐ DELEIE	1.1 TITLE P 1	ARTINEZ. RICHROO	☑ cualde ☐ Hannou	
NAME	MARTINEZ, RICHARD		1.2 NAME	AKINELIKIOTE		
STREET ADDRESS	374 CARRINGTON AVE		1.3 STREET ADDRESS 2	55 W. 24TH ST. #22		
CITY-ST-ZIP	WESTON FL 33326		1.4 CITY-ST-ZIP	IAMI BEALL, FL 334	0	
TITLE	VD	☐ DELETE	2.1 TITLE V	9	Change Addition	
NAME	RASPANTI, MONICA		2.2 NAME RA	SPANTI, MONICA		
STREET ADDRESS			2.3 STREET ADDRESS 🥰	ria emerson ave.	•	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	PESIDE, FL 33154		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	STOSKOPF, DEBRA		3.2 NAME	•	-	
STREET ADDRESS			3.3 STREET ADDRESS			
	· ·		3.4, CITY-ST-ZIP			
CITY-ST-ZIP	MIAMI BEACH FL	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
		الم المحدد	4. 2 NAME		<u> </u>	
NAME						
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	5.1 TITLE	·	□ cusuide □ Voquibit	
NAME	1		5.2 NAME		•	
STREET ADDRESS	à		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	6.1 TITLE	•	☐ Change ☐ Addition	
NAME			6.2 NAME		•	
STREET ADDRESS			6.3 STREET ADDRESS			
	- 1		-			

6.4 CITY-ST-ZIP CITY-ST-ZIP I hereby cartify, 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 multiple on this angular 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 exercity 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 execute 12 on Block 13 to changed, or on an attachment with an address, with all other like empowered.