

2001 UNIFORM BUSINESS REPORT (UBR)

3/12

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-12-2001 90031 024 ****61.25

DOCUMENT # N93000002408

1. Entity Name

WINDSOR PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1320 DRIXEL AVENUE
 MIAMI BEACH FL 33139
 US

WINDSOR PLAZA CONDOMINIUM
 P.O. BOX 190764
 MIAMI BEACH FL 33119
 US

- J I O J A



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0567265

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RASPAN, MONICA
 8819 EMERSON AVE
 SURFSIDE FL 33154

NAME
MONICA RASPANTI
 Street Address (P.O. Box Number is Not Acceptable)
8819 EMERSON AVE.
 City
SURFSIDE FL Zip Code
33154

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

Monica RASPANTI

3-07-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, RICHARD	
STREET ADDRESS	255 W. 24TH STREET #221	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RASPANTI, MONICA	
STREET ADDRESS	8819 EMERSON AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	STOSKOPF, DEBRA	
STREET ADDRESS	1320 DREXEL AVE, APT 302	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, AYAN	
STREET ADDRESS	1671 SW 15TH ST.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ADAM, OLIVER	
STREET ADDRESS	219 E 49TH ST. #3	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHITUS KAVANAGH	
STREET ADDRESS	19405 SOUTH WINDING	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, AYAN	
STREET ADDRESS	1671 SW 15TH ST.	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONICA RASPANTI	
STREET ADDRESS	8819 EMERSON AVE.	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID MORENO	
STREET ADDRESS	1320 DREXEL AVE # 205	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICIA GRAHAM	
STREET ADDRESS	1590 E GOLFVIEW DR.	
CITY-ST-ZIP	MIAMI PINES, FL 33036	
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

Monica RASPANTI

3-07-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)