2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002408

Entity Name: WINDSOR PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1320 DREXEL AVNEUE MIAMI BEACH, FL 33139 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 190764 P O BOX 402507

MIAMI BEACH, FL 33119 US MIAMI BEACH, FL 33140 US

FEI Number: 65-0567265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RASPAN, MONICA COMPLETE PROPERTY MANAGEMENT RESOURCES P O BOX 402507

SURFSIDE, FL 33154 US MIAMI BEACH, FL 33140 US

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: DURAE GOFF 04/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: RASPANTI, MONICA Name:

 Name:
 RASPANTI, MONICA
 Name:

 Address:
 8819 EMERSON AVE
 Address:

 City-St-Zip:
 SURFSIDE, FL 33154
 City-St-Zip:

Title: TD () Delete Title: SD (X) Change () Addition Name: GONZALEZ, ADELIA Name: GONZALEZ, ADELIA

Address: 1320 DREXEL AVNEUE #107 Address: 1320 DREXEL AVNEUE #102
City-St-Zip: MIAMI BCH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete Title: TD (X) Change () Addition

 Name:
 GRAHAM, ALICIA
 Name:
 MANCUSI, MARZIA

 Address:
 1590 E GOLFVIEW DR
 Address:
 3021 OAK AVENUE, #8

 City-St-Zip:
 PEMBROKE PINES, FL 33036
 City-St-Zip:
 MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA RASPANTI PD 04/30/2004