


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90193 031 \*\*\*\*61.25

**DOCUMENT # N93000002408**

1. Entity Name  
**WINDSOR PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 1320 DREXEL AVENUE  
 MIAMI BEACH, FL 33139 US

Mailing Address  
 P O BOX 402507  
 MIAMI BEACH, FL 33140 US

66020727



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

04202005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0567265

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**COMPLETE PROPERTY MANAGEMENT RESOURCES--**  
**P O BOX 402507**  
**MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent  
 Name  
~~Complete Property Management~~  
 Street Address (P.O. Box Number Not Accepted)  
**3550 Biscayne Blvd - Suite 401**  
 City  
**Miami** FL Zip Code  
**33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RASPANTI, MONICA	
STREET ADDRESS	8819 EMERSON AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ADELIA	
STREET ADDRESS	1320 DREXEL AVENUE #102	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANCUSI, MARZIA	
STREET ADDRESS	3021 OAK AVENUE, #8	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCUSI, MARZIA	
STREET ADDRESS	3021 OAK AVE #8	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAYT, STEVE	
STREET ADDRESS	1320 DREXEL AVE #305	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALAZZ, CARLOS	
STREET ADDRESS	1320 DREXEL AVE #300	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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: *James J. ...* Date: 4-20-2005 305-756-9007

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR