

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007278

DOCUMENT # N93000002408

1. Entity Name

WINDSOR PLAZA CONDOMINIUM ASSOCIATION, INC.



APPROVED
AND
FILED

03 SEP 22 PM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1320 DREXEL AVENUE
MIAMI BEACH FL 33139
US

Mailing Address

1320 DREXEL AVENUE
P.O. BOX 190764
MIAMI BEACH FL 33139
US

2. Principal Place of Business

1320 Drexel Ave
Suite, Apt. #, etc.
Miami Beach

3. Mailing Address

P.O. Box 190764
Suite, Apt. #, etc.

City & State

FL

City & State

Miami Beach FL

4. FEI Number 65-0567265

Applied For

Not Applicable

Zip 33139

Country USA

Zip 33139

Country USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RASPAN, MONICA
8819 EMERSON AVE
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-8-03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RASPANTI, MONICA
STREET ADDRESS 8819 EMERSON AVE
CITY-ST-ZIP SURFSIDE FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME STOCK, PAL
STREET ADDRESS 1320 DREXEL AVENUE #200
CITY-ST-ZIP MIAMI BCH FL 33139 ☒ Delete

TITLE Adelia Gonzalez
NAME 1320 Drexel Ave #107
STREET ADDRESS Miami Beach FL 33139 ☒ Change ☒ Addition

TITLE SD
NAME GRAHAM, ALICIA
STREET ADDRESS 1590 E GOLFVIEW DR
CITY-ST-ZIP PEMBROKE PINES FL 33036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE REQUIRED

9-8-03

CR2E037 (4/03)