


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Windsor Palms Commr

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90226 039 ****61.25

DOCUMENT # N95000006012	
1. Entity Name WINDSOR PALMS COMMUNITY ASSOCIATION, INC.	

Principal Place of Business 14761 SW 36 ST MIRAMAR, FL 33027 US	Mailing Address C/O CASTLE MGMT., INC. P.O. BOX 189013 PLANTATION, FL 33318 US
---	---

50052362



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address C/O CASTLE GROUP P.O. BOX 559009 City & State FT. LAUDERDALE, FL Zip 33355-9009	
Country		Country	

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0648821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAKALAR, BROUGH & CHADROW, [A 150 SOUTH PINE ISLAND AVE #540 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name BROUGH, CHADROW & LEVINE, PA Street Address (P.O. Box Number is Not Acceptable) GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE CENTER City WESTON FL Zip Code 33326	
---	--	---	--

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD CENTNER, JOHN 3840 SW 147TH AVENUE MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLO, MINERVA 4000 SW 145TH AVENUE MIRAMAR, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEDGISTER, RICHARD REV. 14690 SW 41ST STREET MIRAMAR, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUBSCHMAN, MICHAEL 3521 SW 145TH AVENUE MIRAMAR, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUSKAS, ANSELMO 14340 SW 33RD COURT MIRAMAR, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, CARLOS 3591 SW 145TH AVENUE MIRAMAR, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEGRETE, LOUIS 14700 SW 35TH CT MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JOSEPH 3530 SW 147TH AVENUE MIRAMAR, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Richard Ledgister* **May 7, 2005** **(954) 430-2592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #