

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006012

FILED
Apr 08, 2009
Secretary of State

Entity Name: WINDSOR PALMS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANDMARK MG
1941 NW 150 AVE
PEMBROOKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

1941 NW 150 AVE
PEMBROOKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 65-0648821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
GLOBAL COMMERCE CENTER
1900 NORTH COMMERCE CENTER
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DECICCO, FRANK
Address: 3830 SW 146 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: S () Delete
Name: MARAZZO, DEBBIE
Address: 3400 SW 142 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: T () Delete
Name: DIAZ, GLORIA
Address: 3400 SW 142
City-St-Zip: MIRAMAR, FL 33027

Title: P () Delete
Name: RIVERA, CARLOS
Address: 3591 SW 145TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: NIVOW, CARLO
Address: 4000 SW 145 AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Delete
Name: MUSKUS, ANSELMO
Address: 14340 SW 33RD CT
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MINERVA, CARLO
Address: 4000 SW 145 AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARLOS RIVERA

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date