

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90002 002 ****61.25

DOCUMENT # N99000001423

1. Entity Name

WINDSOR COURT DELRAY HOMEOWNER'S ASSOCIATION, IN

Principal Place of Business

277 SE 5TH AVE
 DELRAY BEACH FL 33483

Mailing Address

277 SE 5TH AVE
 DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1020 Bay Street

Suite, Apt. #, etc.

P.O. Box 639

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33403

Country

USA

Zip

33447-0639

Country

USA

4. FEI Number

65-0962287

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GLICKSTEIN, GREGG H
54 SW BOCA RATON BLVD
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name **Sergio's Property Management, Inc.**
 Street Address (P.O. Box Number is Not Acceptable) **60 Venetian Drive**
 City **Delray Beach** FL Zip Code **33403**

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.

SIGNATURE *John A. Sergio, President - Sergio's Property Mgmt. Inc.* DATE *2/26/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPVS	<input checked="" type="checkbox"/> Delete
NAME	GLICKSTEIN, CARY D	
STREET ADDRESS	277 SE 5TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GLICKSTEIN, CARY D	
STREET ADDRESS	277 SE 5TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, MICHAEL	
STREET ADDRESS	277 SE 5TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARR, KEVIN C	
STREET ADDRESS	277 SE 5TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Serome Oak	
STREET ADDRESS	1020 Bay Street	
CITY-ST-ZIP	Delray Beach, FL 33403	
TITLE	VPT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Burke	
STREET ADDRESS	Bay Street	
CITY-ST-ZIP	Delray Beach, FL 33403	
TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Ro	
STREET ADDRESS		
CITY-ST-ZIP	Delray Beach, FL 33403	
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		

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: *John A. Sergio* DATE: *3/17/01* PHONE: *954 281 3150*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)