
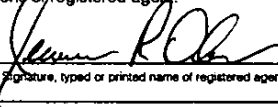



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90401 029 \*\*\*\*61.25

<b>DOCUMENT # N99000001423</b>			
1. Entity Name WINDSOR COURT DELRAY HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 1028 BAY STREET DELRAY BEACH, FL 33483 US		Mailing Address 1026 BAY ST. DELRAY BEACH, FL 33483-6706 US	
2. Principal Place of Business <b>SAME</b>		3. Mailing Address <b>1028 BAY ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>DELRAY BEACH, FL</b>	
Zip	Country	Zip	Country
		<b>33483-6706</b>	<b>US</b>
04262006		Chg-NP	CR2E037 (11/05)
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>8. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
OAKES, JEROME 1028 BAY ST. DELRAY BEACH, FL 33483		Name <b>SAME</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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 		DATE <b>4/26/06</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKES, JEROME	NAME	<b>JEROME R</b>
STREET ADDRESS	1028 BAY STREET	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESCH, PHILIP	NAME	<b>CHARLES E NAIL</b>
STREET ADDRESS	1026 BAY ST.	STREET ADDRESS	<b>1010 BAY ST</b>
CITY-ST-ZIP	DELRAY BEACH, FL 334836706	CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483</b>
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESCH, SUSAN	NAME	<b>CHARLES T DOOLY</b>
STREET ADDRESS	1086 BAY ST	STREET ADDRESS	<b>1018 BAY ST</b>
CITY-ST-ZIP	DELRAY BEACH, FL 334836706	CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE <b>4/26/06</b>	
Signature and typed or printed name of signing officer or director		Daytime Phone # <b>954-281-3740</b>	