

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001423

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** WINDSOR COURT DELRAY HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O HAAG MANAGEMENT  
2295 NW CORPORATE BLVD #138  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

1028 BAY STREET  
DELRAY BEACH, FL 33483 US

**Current Mailing Address:**

C/O HAAG MANAGEMENT  
2295 NW CORPORATE BLVD #138  
BOCA RATON, FL 33431 US

**New Mailing Address:**

1028 BAY STREET  
DELRAY BEACH, FL 33483 US

**FEI Number:** 65-0962281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAAG MANAGEMENT COMPANY  
2295 NW CORPORATE BLVD  
138  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

OAKES, JEROME  
1028 BAY STREET  
DELRAY BEACH, FL 33483 US

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: JEROME OAKES

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: HEFFERNAN, ANNE  
Address: 1012 BAY STREET  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD  
Name: WASP, THOMAS  
Address: 1020 BAY ST.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: STD  
Name: OAKES, JEROME  
Address: 1028 BAY STREET  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: TOM WASP

PRES

04/09/2012

Electronic Signature of Signing Officer or Director

Date