

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002156**

1. Entity Name

WINDSOR PALM BEACH ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1601 BELVEDERE RD., STE. 407 SOUTH
WEST PALM BEACH FL 33406****1601 BELVEDERE RD., STE. 407 SOUTH
WEST PALM BEACH FL 33406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0910598

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Herbert Siegel

Street Address (P.O. Box Number is Not Acceptable)

260 Everglades Avenue

City

Palm Beach**FL**Zip Code
33480**MEYER, WILLIAM A
1601 BELVEDERE RD., STE. 407 SOUTH
WEST PALM BEACH FL 33406**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MEYER, WILLIAM A	
STREET ADDRESS	1601 BELVEDERE RD., STE. 407 SOUTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MEYER, DENISE S	
STREET ADDRESS	4 WINDSOR CT.	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RICKSEN, BARBARA	
STREET ADDRESS	1601 BELVEDERE RD., STE. 407 SOUTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Addison Hines	
STREET ADDRESS	4 Windsor Court	
CITY-ST-ZIP	Palm Beach, FL 33480	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William O. Cooley	
STREET ADDRESS	233 Tradewinds Drive	
CITY-ST-ZIP	Palm Beach, FL 33480	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert Siegel	
STREET ADDRESS	260 Everglades Avenue	
CITY-ST-ZIP	Palm Beach, FL 33480	

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90784 049 ****61.25



DO NOT WRITE IN THIS SPACE

0032375

CR2E037 (9/01)