

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR 21 AM 9:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 715573 (2)

1. Corporation Name

WINDSOR PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**120 WETTAW LANE
NORTH PALM BEACH FL 33408**

Mailing Address

**120 WETTAW LANE
NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1968

3a. Date of Last Report

02/28/1994

4. FEI Number

59-1743270

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 601(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SEACREST MANAGEMENT, INC.
3700 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

MONDUN, ARLINE

STREET ADDRESS

120 WETTAW LANE, #214

CITY - ST - ZIP

N. PALM BEACH FL

TITLE

VD

NAME

POWERS, LORRAINE

STREET ADDRESS

120 WETTOW LANE, 212

CITY - ST - ZIP

N. PALM BEACH FL

TITLE

D

NAME

SOLOMON, PAT

STREET ADDRESS

121 WETTAW LANE, #117

CITY - ST - ZIP

NO. PALM BEACH FL

TITLE

TS

NAME

MACEY, BILL

STREET ADDRESS

110 WETTAW LANE, #101

CITY - ST - ZIP

N. PALM BEACH FL

TITLE

D

NAME

Calabretta, Jerry

STREET ADDRESS

109 Wettaw Lane, #202

CITY - ST - ZIP

N. Palm Beach FL 33408

TITLE

D

NAME

Calabretta, Jerry

STREET ADDRESS

109 Wettaw Lane, #202

CITY - ST - ZIP

N. Palm Beach FL 33408

TITLE

D

NAME

Calabretta, Jerry

STREET ADDRESS

109 Wettaw Lane, #202

CITY - ST - ZIP

N. Palm Beach FL 33408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

Perry, Chris

1.3 STREET ADDRESS

121 Wettaw Lane, #210

1.4 CITY - ST - ZIP

N. Palm Beach FL 33408

2.1 TITLE

VD

2.2 NAME

Intini, Joe

2.3 STREET ADDRESS

109 Wettaw Lane, #101

2.4 CITY - ST - ZIP

N. Palm Beach FL 33408

3.1 TITLE

TD

3.2 NAME

Sousa, Irene

3.3 STREET ADDRESS

121 Wettaw Lane, #117

3.4 CITY - ST - ZIP

N. Palm Beach, FL 33408

4.1 TITLE

SD

4.2 NAME

Solomon, Pat

4.3 STREET ADDRESS

120 Wettaw Lane, #117

4.4 CITY - ST - ZIP

N. Palm Beach, FL 33408

5.1 TITLE

D

5.2 NAME

Calabretta, Jerry

5.3 STREET ADDRESS

109 Wettaw Lane, #202

5.4 CITY - ST - ZIP

N. Palm Beach FL 33408

6.1 TITLE

D

6.2 NAME

Calabretta, Jerry

6.3 STREET ADDRESS

109 Wettaw Lane, #202

6.4 CITY - ST - ZIP

N. Palm Beach FL 33408

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Name)

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