

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742806 (3)

1. Corporation Name

WINDSOR D CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

66 WINDSOR D
CENTURY VILLAGE
WEST PALM BEACH FL 33417

66 WINDSOR D
CENTURY VILLAGE
WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified **05/08/1978** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number **59-2182690** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip

Country

Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, DAVID
66 WINDSOR D
WEST PALM BEACH FL 33417

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BERNSTEIN, DAVID | |
| STREET ADDRESS | 66 WINDSOR D | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | HALBERSTADT, GERTRUDE | |
| STREET ADDRESS | 79 WINDSOR D | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GEVERCER, SHIRLEY | |
| STREET ADDRESS | 80 WINDSOR D | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | BLAU, JOAN | |
| STREET ADDRESS | 85 WINDSOR D | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | TD Abbott, David |
| 4.3 STREET ADDRESS | 65 Windsor D |
| 4.4 CITY-ST-ZIP | West Palm Beach, FL. 33417 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 119.07(3)(k), 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: *David Bernstein* David Bernstein

3/11/96 407-683-0869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)