

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715573** (2)
1. Corporation Name
WINDSOR PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
120 WETTAW LANE NORTH PALM BEACH FL 33408	120 WETTAW LANE NORTH PALM BEACH FL 33408-5705

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1968		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1743270		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEACREST MANAGEMENT, INC. 3700 GEORGIA AVENUE WEST PALM BEACH FL 33405				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONDUN, ARLINE			1.2 NAME	WEIGAND, JOYCE		
STREET ADDRESS	120 WETTAW LANE, #214			1.3 STREET ADDRESS	109 WETTAW LANE #107		
CITY-ST-ZIP	N. PALM BEACH FL 33408			1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIGAND, JOYCE			2.2 NAME			
STREET ADDRESS	109 WETTAW LANE, #107			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. PALM BEACH FL 33408			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUSA, IRENE			3.2 NAME	SOUSA, IRENE		
STREET ADDRESS	121 WETTAW LANE, #117			3.3 STREET ADDRESS			
CITY-ST-ZIP	NO. PALM BEACH FL 33408			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SADLO, ALICE			4.2 NAME	SADLO, ALICE		
STREET ADDRESS	121 WETTAW LANE, #116			4.3 STREET ADDRESS	121 WETTAW LANE #116		
CITY-ST-ZIP	N. PALM BEACH FL 33408			4.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLEMENTE, ELIA			5.2 NAME	CALABRETTA, JERRY		
STREET ADDRESS	121 WETTAW LANE #110			5.3 STREET ADDRESS	109 WETTAW LANE #202		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			5.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	INTINI, JOE		
STREET ADDRESS				6.3 STREET ADDRESS	109 WETTAW LANE #101		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		

14. I do 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 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: _____

CR2E037 (9/96)