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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N18502 (7)

1. Corporation Name

WINDSOR PARKE AT THE POLO CLUB HOMEOWNERS ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
C/O COMMUNITY ASSOCIATION SERVICES 951 BROKEN SOUND PKWY. STE 250 BOCA RATON FL 33487 US	C/O COMMUNITY ASSOCIATION SERVICES 951 BROKEN SOUND PKWY. STE 250 BOCA RATON FL 33487-3513 US

3. Date Incorporated or Qualified: 12/29/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2820254 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY
STE 250
BOCA RATON FL 33457

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 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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	GUTTERMAN, DAN		1.2 NAME	GUTTERMAN, DAN	
STREET ADDRESS	5210 WINDSOR PK DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	BIBEN, JOSEPH		2.2 NAME	BENSON, FRANKLIN	
STREET ADDRESS	5014 WINDSOR PARKE DRIVE		2.3 STREET ADDRESS	5194 WINDSOR PK DR.	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	DST	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KAVANAU, JOSEPH		3.2 NAME	APELBAUM, JACOB	
STREET ADDRESS	5042 WINDSOR PARKE DRIVE		3.3 STREET ADDRESS	17070 WINDSOR PARKE CT.	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ DELETE	4.1 TITLE	DS	☐ Change ☒ Addition
NAME			4.2 NAME	SHAFTER BONNIE	
STREET ADDRESS			4.3 STREET ADDRESS	5101 WINDSOR PARKE DR.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ DELETE	5.1 TITLE	DT	☐ Change ☒ Addition
NAME			5.2 NAME	SCHWARTZ, RICHARD	
STREET ADDRESS			5.3 STREET ADDRESS	5034 WINDSOR PARKE DR.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: SIGNATURE REQUIRED 4/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039678