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Apr 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 ASSOCIATION, 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
US

3. Date Incorporated or Qualified

12/29/1986

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **VD** ☐ DELETE
NAME **GUTTERMAN, DAN**
STREET ADDRESS **5210 WINDSOR PK DR**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME **GUTTERMAN, DAN**
1.3 STREET ADDRESS **5210 WINDSOR PK DR.**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **PD** ☐ DELETE
NAME **BENSON, FRANKLIN**
STREET ADDRESS **5194 WINDSOR PK DR**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **WALTERS, BARRY**
2.3 STREET ADDRESS **5226 WINDSOR PK. DR.**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **D** ☐ DELETE
NAME **APELBAUM, JACOB**
STREET ADDRESS **17070 WINDSOR PARKE CT**
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **SHAFTER, BONNIE**
STREET ADDRESS **5101 WINDSOR PARKE DR**
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DT** ☒ DELETE
NAME **SCHWARTZ, RICHARD**
STREET ADDRESS **5034 WINDSOR PARKE DR**
CITY-ST-ZIP **BOCA RATON FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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]

4/15/98 561-997-2981

CR2E037 (10/97)