

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # 715573

1. Entity Name

WINDSOR PARK CONDOMINIUM ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

01-29-2000 90031 033 ****61.25

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1743270 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Leadeth Smith
110 Wettaw Lane #203
North Palm Beach,
FL 33408

Name

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

City

FL

Zip Code

8. The above named entity submits this:

a) office or registered agent, or both, in the state of Florida.

SIGNATURE

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

Leadeth Smith
 (NOTE: Registered Agent signature required when reinstating)

3/31/00
 DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	<i>DR D</i>	<input type="checkbox"/> Delete
NAME	SMITH, LEADITH	
STREET ADDRESS	110 WETTAW LANE, #203	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	<i>X</i>	<input checked="" type="checkbox"/> Delete
NAME	CALABRETTA, JEROME	
STREET ADDRESS	109 WETTAW LN. #202	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	<i>T</i>	<input type="checkbox"/> Delete
NAME	SOUSA, IRENE	
STREET ADDRESS	121 WETTAW LANE, #117	
CITY-ST-ZIP	NO. PALM BEACH FL	
TITLE	<i>S</i>	<input type="checkbox"/> Delete
NAME	MCCORMICK, LEESA	
STREET ADDRESS	110 WETTAW LN. #201	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	<i>X</i>	<input checked="" type="checkbox"/> Delete
NAME	SIEK, WILLIAM	
STREET ADDRESS	109 WETTAW LN. #208	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Kerby Glen PD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>121 Wettaw Lane #116</i>	
STREET ADDRESS	<i>N.P. Beach, FL 33408</i>	
CITY-ST-ZIP		
TITLE	<i>Robert T Lane VP</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>110 Wettaw Lane #106</i>	
STREET ADDRESS	<i>N.P. Beach, FL 33408</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IRENE SOUSA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000 561-844-1
 Date Daytime Phone #