Feb 13, 2001 8:00 am

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715573 Secretary of State 02-13-2001 90065 023 ****61.25 WINDSOR PARK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 120 WETTAW LANE 120 WETTAW LANE NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1743270 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 110 WZTIWW LANE #203 NORTH PAIM BEACH FL 33408 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. *Addition TITLE °Õelete TITLE SMITH, LEEDITH, NAME NAME STREET ADDRESS STREET ADDRESS 110 WETTAW LANE, #203 N. PAIM BEACH. 71. 33408 CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL ☐ Addition TITLE ☐ Delete TITLE SOUSA, IRENE STREET ADDRESS STREET ADDRESS 121 WETTAW LANE, #117 CITY-ST-ZIP CITY-ST-ZIP -NO. PALM BEACH FL ☐ Change :Addition TITLE Delete TITLE LANE MCCORMICK, LEESA NAME NAME 110 WETTAN LANC #106 STREET ADDRESS STREET ADDRESS 110 WETTAW LN. #201 CITY-ST-ZIP CITY-ST-ZIP Palm Beach 71.33 408 N. PALM BEACH FL 33408 TITLE ☐ Change ☐ Addition Delete TITLE NAME GLEN, KERBY NAME 121 WETTAW LANE #106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL:33408 CITY-ST-ZIP TITLE ☐ Delete

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

Daytime Phone #

Change

☐ Addition