

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90049 040 ****61.25

DOCUMENT # N18502

1. Entity Name
**WINDSOR PARKE AT THE POLO CLUB HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY, STE 250
BOCA RATON, FL 33487 US**

Mailing Address
**C/O COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY, STE 250
BOCA RATON, FL 33487 US**

24056161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2820254

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
KLEIN, ARNOLD DR
5070 WINDSOR PARKE DR.
BOCA RATON, FL 33496** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BURTON, DANIEL
5058 WINDSOR PARKE DR
BOCA RATON, FL 33496** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHAFTER, BONNIE
5101 WINDSOR PARKE DR.
BOCA RATON, FL 33496** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEXLER, ESTHER
5166 WINDSOR PARKE DR.
BOCA RATON, FL 33496** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEXLER, ESTHER
5166 Windsor Parke Drive
BOCA RATON, FL 33496** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 paper like empowered.

SIGNATURE:

(FRANKLIN BENSON)

4/22/04

561-994-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #