


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90034 044 ****61.25

DOCUMENT # 715573 1. Entity Name WINDSOR PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 120 WETTAW LANE NORTH PALM BEACH, FL 33408			Mailing Address 120 WETTAW LANE NORTH PALM BEACH, FL 33408		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1743270				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINDSOR PARK CONDO, SOUSA IRENE 120 WETTAW LANE NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T <input type="checkbox"/> Delete		TITLE	P.D. Michael Hindman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUSA, IRENE		NAME	121 WETTAW LANE #110	
STREET ADDRESS	121 WETTAW LANE, #117		STREET ADDRESS	No Palm Beach, FL 33408	
CITY-ST-ZIP	NO. PALM BEACH, FL		CITY-ST-ZIP		
TITLE	2VP <input checked="" type="checkbox"/> Delete		TITLE	D Michael Rowlands <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATCHLOR, CHARLES		NAME	110 WETTAW LANE #203	
STREET ADDRESS	120 WETTAW LANE #217		STREET ADDRESS	No Palm Beach	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	FL 33408	
TITLE	VD - Vice President <input type="checkbox"/> Delete		TITLE	S Lillian Peizer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE, ROBERT		NAME	110 WETTAW LANE #207	
STREET ADDRESS	110 WETTAW LANE #106		STREET ADDRESS	No Palm Beach	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	FL 33408	
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE		
NAME	WIEGARD, JOYCE		NAME		
STREET ADDRESS	1817 JUNE ISLE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE		
NAME	LANE, SUE		NAME		
STREET ADDRESS	110 WETTAW LANE #106		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Irene M. Sousa</u> IRENE M. SOUSA <u>206-06 561-844-6385</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					