


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90220 032 ****61.25

DOCUMENT # 742806

1. Entity Name
WINDSOR D CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**66 WINDSOR D
 CENTURY VILLAGE
 WEST PALM BEACH, FL 33417**

Mailing Address
**66 WINDSOR D
 CENTURY VILLAGE
 WEST PALM BEACH, FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2182690

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNSTEIN, DAVID
 66 WINDSOR D
 WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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 | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BERNSTEIN, DAVID | | | NAME | | | |
| STREET ADDRESS | 66 WINDSOR D | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | WEST PALM BEACH, FL 33417 | | | CITY - ST - ZIP | | | |
| TITLE | VPD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PIACENTE, DOROTHY | | | NAME | | | |
| STREET ADDRESS | 81 WINDSOR D | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | WEST PALM BEACH, FL | | | CITY - ST - ZIP | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TARLOV, LOIS | | | NAME | | | |
| STREET ADDRESS | 88 WINDSOR D | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | WEST PALM BEACH, FL 33417 | | | CITY - ST - ZIP | | | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GEVERCER, HARRY | | | NAME | | | |
| STREET ADDRESS | 80 WINDS ORD | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | WEST PALM BEACH, FL 33417 | | | 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 | | | |
| 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: *David Bernstein* **DAVID BERNSTEIN** 4/22/06 561 683-0869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #