

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90369 017 \*\*\*\*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**

40034210



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

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

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

## 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

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

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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

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  
**PD  
BENSON, FRANKLIN  
5194 WINDSOR PK DR  
BOCA RATON, FL** ☐ Delete

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  
**D  
SHAFTER, BONNIE  
5101 WINDSOR PARKE DR.  
BOCA RATON, FL 33496** ☒ Delete

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  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KLEIN, ARNOLD DR.  
5070 WINDSOR PARKE DR.  
BOCA RATON, FL 33496** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BURTON, DANIEL  
5058 WINDSOR PARKE DR.  
BOCA RATON, FL 33496** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
SHAFTER, BONNIE  
5101 WINDSOR PARKE DR.  
BOCA RATON, FL 33496** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVPT  
WEXLER, ESTHER  
5166 WINDSOR PARKE DR.  
BOCA RATON, FL 33496** ☒ Change ☐ Addition

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/07 (561) 994-1788**  
Date Daytime Phone #