


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90023 045 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2182690	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERNSTEIN, DAVID 66 WINDSOR D WEST PALM BEACH, FL 33417			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, 2008		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	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 checked="" type="checkbox"/> Delete	TITLE	<i>TD Louis Piacente</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEVERCER, HARRY		NAME	<i>81 Windsor D</i>	
STREET ADDRESS	80 WINDS ORD		STREET ADDRESS	<i>W. Palm Bch., FL. 33417</i>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<i>TD Shirley Gevercer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>80 Windsor D</i>	
STREET ADDRESS			STREET ADDRESS	<i>W. Palm Bch. FL. 33417</i>	
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: <i>David Bernstein</i> DAVID BERNSTEIN			Date: <i>2/10/08</i>		Daytime Phone #: <i>561-683-0869</i>