

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90116 024 \*\*\*\*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**

**22001277**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**120 WETTAW LANE**  
Suite, Apt. #, etc.

3. Mailing Address

**120 WETTAW LANE**  
Suite, Apt. #, etc.

City & State

**N. P. B. FL.**

City & State

**N. P. B. FL.**

4. FEI Number **59-1743270**

Applied For

Not Applicable

Zip

**33408**

Country

**Palm Beach**

Zip

**33408**

Country

**Palm Beach**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SOUSA, IRENE  
ASSOCIATED PROPERTY MANAGEMENT  
400 SOUTH DIXIE HWY # 10  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **WINDSOR PARK CONDO, Irene Sousa**  
Street Address (P.O. Box Number is Not Acceptable)  
**120 Wettaw Lane**  
City **N. P. B. FL.** Zip Code **33408**

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 **Irene Sousa**

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

(NOTE: Registered Agent signature required when reinstating)

**1/29/03**  
DATE

**FILE NOW: FEE IS \$61.25**

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	<b>I</b> <b>SOUSA, IRENE</b> <b>121 WETTAW LANE, #117</b> <b>NO. PALM BEACH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Charles Batchlor</b> <b>121 WETTAW LANE #317</b> <b>N. P. B. FL.</b> <b>33408</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LANE, SUE</b> <b>110 WETTAW LANE #106</b> <b>N. PALM BEACH FL 33408</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Patricia Solomon</b> <b>120 Wettaw Lane #117</b> <b>N. P. B. FL. 33408</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LANE, ROBERT</b> <b>110 WETTAW LANE #106</b> <b>NORTH PALM BEACH FL 33408</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WIEGARD, JOYCE</b> <b>1817 JUNE ISLE BLVD.</b> <b>NORTH PALM BEACH FL 33408</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MATTON, MADELA</b> <b>110 WETTAW LANE # 207</b> <b>NORTH PALM BEACH FL 33408</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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 other like empowered.

SIGNATURE: **Irene Sousa**

**IRENE SOUSA, TREASURER**

**1/29/03 561-844-6385**