

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742818

Entity Name: WINDSOR S CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4895 GARDNER LANE
LAKE WORTH , FL 33463**Current Mailing Address:**PRUITTS PROPERTY MANAGEMENT INC
P.O. BOX 540217
GREENACRES, FL 33454 US**FEI Number:** 59-1724662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRUITT'S PROPERTY MANAGEMENT INC.
4895 GARDNER LANE
LAKE WORTH, FL 33463 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|--------------------------|
| Title | DIRECTOR |
| Name | SOTTILE, CAMINE I |
| Address | 435 WINDSOR S |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

| | |
|-----------------|--------------------------|
| Title | SECRETARY |
| Name | SYLVESTRE, DANIEL |
| Address | 439 WINDSOR S |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

| | |
|-----------------|------------------------|
| Title | PRESIDENT |
| Name | ARIAS , THOMAS |
| Address | 914 VERONA TRACE DRIVE |
| City-State-Zip: | VERO BEACH FL 32966 |

| | |
|-----------------|--------------------------|
| Title | TREASURER |
| Name | TURCOTTE, NORMAND |
| Address | 432 WINDSOR S |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

| | |
|-----------------|--------------------------|
| Title | VP |
| Name | KANTROWITZ, MYLES |
| Address | 426 WINDSOR S |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

| | |
|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | PERUSSE, JACQUES |
| Address | S750 DES JESUITES |
| City-State-Zip: | BASTICAN QUEBEC G0X 1A0 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARIAS , THOMAS**PRESIDENT****03/14/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date