Current Mailing Address:	
C/O CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR. SUITE 109 PALM BEACH GARDENS, FL 33403 US	
FEI Number: 56-2615665	Certificate of Status Desired:
Name and Address of Current Registered Agent:	
CAPITAL REALTY ADVISORS, INC. C/O CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR. SUITE 109 PALM BEACH GARDENS, FL 33403 US	
The above named entity submits this statement for the purpose of changing its registered offic	e or registered agent, or both, in the State of Florida.
SIGNATURE: LISA MOORE	03/
Electronic Signature of Registered Agent	

# DOCUMENT# N06000010430

## Entity Name: WINDSOR PARK ABACOA HOMEOWNERS ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

C/O CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR. SUITE 109 PALM BEACH GARDENS, FL 33403

**Officer/Director Detail :** 

Title

DP

Name	KANAREK, DAVID	Name	BROOKS, SCOTT
Address	12311 WALDEN CENTER DR., SUITE 300	Address	12311 WALDEN CENTER DR., SUITE 300
City-State-Zip:	BONITA SPRINGS FL 34134	City-State-Zip:	BONITA SPRINGS FL 34134
Title	VP		
Name	GONZALEZ, PATRICK		
Address	12311 WALDEN CENTER DRIVE,SUITE 300		
City-State-Zip:	BONITA SPRINGS FL 34134		

Title

DST

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.

DP

## SIGNATURE: DAVID KANAREK

Electronic Signature of Signing Officer/Director Detail

03/23/2015 Date

## FILED Mar 23, 2015 **Secretary of State** CC4474283690

ired: No