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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 227266

(4)

WINDSOR APARTMENTS INC

## **FILED** Mar 26 1997 8:00am Secretary of State



116 N F 7TH	ce of Business	Mailing Address			I 1900/9 110/0 10011 FORES HAND BUILD	******	
116 N E 7TH AVE DELRAY BEACH FL 33483		116 N E 7TH AVE DELRAY BEACH FL 33483-5448		,			
					3. Date Incorporated or Qualified 08/24/1959	3a. Date of L 04/23/19	
2. Principal F	Place of Business	2a. Mailing Address	S	***************************************	4. FEI Number		Applied For
11		26			59-0905170		Not Applicable
Suite, Apt	t #, etc	Suite, Apt. #, et	C.		6. Certificate of Status Desired		.75 Additional
2		27				F	ee Required
— City & Sta TI	ite	City & State			6. Election Campaign Financing		.00 May Be
3   Zip	Country	<b>28</b> Zip	Cour	ntry	Trust Fund Contribution		dded to Fees
4	<sub>1</sub>	29	30	iu y	8. This corporation has liability for it Florida Statutes	ntangible tax un Yes ☐ No	der s. 199.032,
<u> </u>	25   9. Name and Address of Cur		[30]		10. Name and Address of New Reg	1	
^^	OOK, MARION			81 Name	· · · · · · · · · · · · · · · · · · ·		
	6 NE 7TH AVENUE						
	T. 2A		82 Street Ac		ddress (P.O. Box Number is Not Acceptab	ie)	
	LRAY BEACH FL 33483		<u> </u>	B3		·	
UE	LIVI DENOTITE VOTOS			04 0		11	7:- 0- '
				84 City		FL B5	Zip Code
agent 1. SIGNATURE	am fam har with, and accept the ob	•					
2.	Signature, type dior printed harmo of registered	AND DIRECTORS	(NOTE: Registared	Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIREC	CTORS IN 12
fill	SD	DELE		ı F	7,507,1010,7017,110,20 10 01,110	Ch	
AME	ROBERTSHAW, BILL	Hannel William	1.2 NA			<b>L</b>	
THEFT A DIDRESS.	I 116 NF 71H AVE		1.3 SI	REFLADURESS L			
	,		1	REET ADDRESS			
DTY - S1 - ZIP	DELRAY BEACH, FL 00000	DELE	1.4 Ci)	Y-ST-ZIP		☐ Ch	ange 🔲 Additie
CITY - ST- ZIP TILE	DELRAY BEACH, FL 00000 PTD	DELE	1.4 Ci)	Y-ST-ZIP		☐ Ch	ange 🔲 Additi
OTY - ST- ZIP TILE ELVE	DELRAY BEACH, FL 00000 PTD THOMAS, CAROLYN	☐ DELE	1.4 Ci) TE 2.1 TiT 22 NA	Y-ST-ZIP		Ch	ange Additi
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The needy certify that the internation supplied with this iming does not qualify in the exemption stated in Section 119.0/15/17/19/10/10 statistics. In the feeling that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of chapter 607, Florida Statutes, and that my name

**SIGNATURE** 

JAMES V. PIGNATO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97

561-276-3821