2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 227266

1. Entity Name

WINDSOR APARTMENTS INC



FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90323 027 ***150.00

Principal Place	e of Business		Mailing Address				Í			
116 N E 7TH AVE DELRAY BEACH FL 33483			116 N E 7TH AVE DELRAY BEACH FL 33483					AZOUTTHZ		
2. Principal Pl	lace of Busine	ess	3. Mailing Address						٠.	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)			
City & State			City & State				4. F	FEI Number 59-0905170 Applied Fo Not Applie		
Zip		Country	Zip Country				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	Registered Agent				7. Name and Address of New Registered Agent					
						Name				
	ZER, GEO NE 7TH A			, , , , , , , , , , , , , , , , , , ,	Street Address (P.O. B	Box Number is Not Acceptable)		
		CH FL 33483		` [
					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.										
me oongan	ions or regist	ered agent.								
SIGNATURE Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required.)							when re	einstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May I Added to Fees		
10.	K Payable to	OFFICERS AND	(3)65. \$. \$665.	11.			ADI	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	OFFICENS AND	Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		701	☐ Change ☐ Adu		
NAME	PLAZER, G	EOFF	☐ Delete	NAME.						
STREET ADDRESS	116 NE 7TI	H AVE.		STREE	EET ADDRESS				1	
CITY-ST-ZIP	DELRAY BI	EACH FL 33483		CITY-	ST-ZIP					
TITLE	VPD Dele			TITLE				Change Ad	dition	
NAME CERSON ASSESSED	TUNNELL, STEVE			NAME						
STREET ADDRESS		1 AVE. EACH FL 33483			t address St-zip					
TITLE	D		Delete	TITLE		D		Rileate 6 213- Change [440]	dition	
NAME	SAWYER, JOHN		NAME	NAME GEI		eri	Robertshaw Change BADG ETERVE			
STREET ADDRESS	116 NE 7 /		and the second of the second of	STREE	T ADDRESS	-116	NE	E-7-D-A-VE	-	
CITY-ST-ZIP	DELRAY B	EACH FL		CITY-	ST-ZIP	DE	ILA	44BEACH, Fl. 33483		
TITLE	TD		☐ Delete	TITLE				☐ Change ☐ Ad	dition	
NAME	, and the second			NAME						
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP					
	SD	LACITIC 33463						☐ Change ☐ Ad	dition	
TITLE NAME	COLDINOCH ELIZABETH			. TITLE NAME		[Cuange Au	untron	
STREET ADDRESS	AAO NE STILANE				T ADDRESS					
CITY-ST-ZIP					ST-ZIP			•		
TITLE		•	☐ Delete	TITLE				☐ Change ☐ Ade	dition	
NAME				NAME					1	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP CITY-										
12. hereby	certify that the	e information supplied wi	th this filing does not qualify fo	r the exen	nption sta	ted in Se	ection [119.07(3)(i), Florida Statutes. I further certify that the informati	on	

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-04

6/0358/830

Daytime Phone #