

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90001 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715573

1. Corporation 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/15/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1743270	
24 Country		30 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEACREST MANAGEMENT, INC. 3700 GEORGIA AVENUE WEST PALM BEACH FL 33405				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition	
NAME	SMITH, LEEDITH			1.2 NAME			
STREET ADDRESS	110 WETTAW LANE, #203			1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VP	☒ DELETE		2.1 TITLE	VP	☒ Change ☐ Addition	
NAME	REGAN, MOE			2.2 NAME	JEROME Calabretta		
STREET ADDRESS	120 WETTAW LANE, #207			2.3 STREET ADDRESS	109 WETTAW LANE #202		
CITY-ST-ZIP	N. PALM BEACH FL 33408			2.4 CITY-ST-ZIP	N. Palm Beach, FL 33408		
TITLE	T	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	SOUSA, IRENE			3.2 NAME			
STREET ADDRESS	121 WETTAW LANE, #117			3.3 STREET ADDRESS			
CITY-ST-ZIP	NO. PALM BEACH FL			3.4 CITY-ST-ZIP			
TITLE	S	☒ DELETE		4.1 TITLE	S	☒ Change ☐ Addition	
NAME	SOLOMON, PAT			4.2 NAME	Mc Cormick, KESSA		
STREET ADDRESS	120 WETTAW LANE, #117			4.3 STREET ADDRESS	110 WETTAW LANE #201		
CITY-ST-ZIP	N. PALM BEACH FL			4.4 CITY-ST-ZIP	N. Palm Beach, FL 33408		
TITLE	D	☒ DELETE		5.1 TITLE	D	☒ Change ☐ Addition	
NAME	KNAPP, STANLEY			5.2 NAME	Sierk, William		
STREET ADDRESS	108 WETTAW LANE, #106			5.3 STREET ADDRESS	109 WETTAW LANE #208		
CITY-ST-ZIP	NORTH PALM BEACH FL			5.4 CITY-ST-ZIP	N. Palm Beach, FL 33408		
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *[Signature]* 3-21-99 561-844-6385
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #