

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90011 035 ****61.25

DOCUMENT # 724662

1. Entity Name

WINDSOR ESTATES CONDOMINIUM NO. 3 INC.



Principal Place of Business

Mailing Address

435 NE 121ST STREET
NORTH MIAMI FL 33161

435 NE 121ST STREET
NORTH MIAMI FL 33161

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1574038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORD, LOLABEL
435 NE 121ST STREET
APT 201
NORTH MIAMI FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS BONILLO, ORLANDO
CITY- ST- ZIP 435 NORTHEAST 121 STREET #404
NORTH MIAMI FL 33161 ☒ Delete

TITLE
NAME President
STREET ADDRESS Steven Copeland
CITY- ST- ZIP P.O. Box 680846
North Miami, FL 33168 ☐ Change ☒ Addition

TITLE
NAME VD
STREET ADDRESS ALVAREZ, CLAUDIA
CITY- ST- ZIP 435 N.E. 121 ST, APT 304
N MIAMI FL 33161 ☒ Delete

TITLE
NAME Vice President
STREET ADDRESS Kalford Badoo
CITY- ST- ZIP 435 NE 121 Street, Apt. 401
North Miami, Florida 33161 ☐ Change ☒ Addition

TITLE
NAME ST
STREET ADDRESS LORD, LOLABEL
CITY- ST- ZIP 435 NE 121ST ST. APT 201
MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: Lolabel Lord - Lolabel Lord March 28, 2007 305-899-9091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #