

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996 4-2-96 B-3009 C

DOCUMENT # 732141 (7)

1. Corporation Name

WINDSOR ASSOCIATION AT CENTURY VILLAGE, INC.



Principal Place of Business

Mailing Address

C/O DAVID BERNSTEIN
66 WINDSOR D
W PALM BCH FL 33417-2413

C/O DAVID BERNSTEIN
66 WINDSOR D
W PALM BCH FL 33417-2413

3. Date Incorporated or Qualified

03/13/1975

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID BERNSTEIN
WINDSOR D 66
CENTURY VILLAGE
WEST PALM BEACH FL 33417

81 Name

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

83

84 City

FL

85 Zip Code

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, if applicable

(Not to be signed by Agent; signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEHMAN, HERMAN	
STREET ADDRESS	WINDSOR 129-F	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGOWAN, DOROTHY	
STREET ADDRESS	WINDSOR A-4	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVID BERNSTEIN	
STREET ADDRESS	WINDSOR D 66	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SALTZMAN, MANNY	
STREET ADDRESS	WINDSOR N-303	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLANGER, NAT	
STREET ADDRESS	WINDSOR O-328	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, WILLIAM	
STREET ADDRESS	WINDSOR K-227	
CITY - ST - ZIP	W PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 407-683-0869
Daytime Phone #

CR2E037 (12/95)